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LEGISLATIVE ASSEMBLY

No. S-20

# Legislature of Ontario Debates

## Official Report (Hansard)

### Standing Committee on Social Development

Estimates, Ministry of Community and Social Services



**First Session, Thirty-Second Parliament**

Monday, November 9, 1981

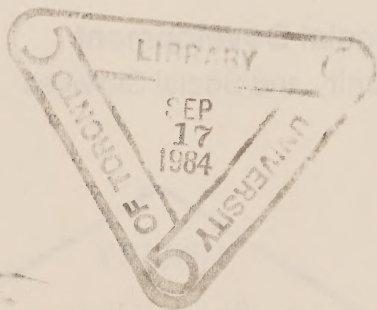
Speaker: Honourable John M. Turner

Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Monday, November 9, 1981**

The committee met at 3:29 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF COMMUNITY AND SOCIAL SERVICES

(continued)

**The Vice-Chairman:** I see a quorum; if the members of the committee are agreeable that we start, we can get the maximum amount of time out of this session today. Perhaps I could get some indication of a speakers' list here.

On vote 2902, adult and children's services program; item 5, adult social services:

**The Vice-Chairman:** Do any of the members have questions on this item?

**Mr. Sweeney:** I am sorry, Mr. Chairman, I did not have a chance to peruse this section but I would like to ask a question with respect to the adult adoption registry. Would that be appropriate in this area? Am I in line or out of line?

I realize it comes under the Child Welfare Act, but this refers to adult adoptees and the registry that is kept so they can find out who their parents were and so a parent can find out where the adult adoptee is. Can you give me any information as to what is happening with that?

**Ms. Waterfield:** What kind of information do you want?

**Mr. Sweeney:** Since I was involved in the debate on the amendments to the act, I have not had any update on how effectively it is working. How many people are applying; how many matches are taking place; are there any problems involved with it; is the system working?

**Ms. Waterfield:** We have some information on that and I can provide it to you. It will just take me a minute to get it pulled out for you.

**Mr. Sweeney:** I wanted an update because I have not heard a thing about it since the legislation was passed and I do not know how it is working.

**Ms. Waterfield:** Okay, I will provide that to you.

**The Vice-Chairman:** Could we come back to that then, Mr. Sweeney?

**Hon. Mr. Drea:** We will be coming back to that child vote anyway.

**Mr. Sweeney:** Okay. While we are under the vote on adults may I ask about sheltered workshops? Can the minister indicate to me his own attitude towards the present debate about payment of salaries at sheltered workshops?

**Hon. Mr. Drea:** We went through this on either day one or day two of these estimates.

**Mr. Sweeney:** It is in the record, then?

**Hon. Mr. Drea:** Sure.

**Mr. Sweeney:** I do not want you to review it all again but could you just give me a brief answer?

**Hon. Mr. Drea:** First of all, on the salary question, which at the time was broken down into the obligation to pay under the minimum wage and so forth, we pointed out that those issues as to whether there would be mandatory requirement were being decided now under the Employment Standards Act.

The difficulty is the role of the sheltered workshop itself, because originally the sheltered workshop was to be, as you know, a training assessment. It had a number of roles other than production. In latter years many of them have become extremely productive and have a number of stores, outlets and so on.

This, of course, raises this second question which I suggested members of the committee might like to think about: is the vehicle of the sheltered workshop really the vehicle for the productive worker; should we not be looking at sheltered work places for the very productive person?

We are talking particularly of the area of retardation, because in the general handicapped area there are some opportunities for the very productive to go into the general employment area. The question of the sheltered work place, in my view, is one that is going to loom even larger, because if a person has completed training, assessment, whatever, and has become an extremely productive worker, should he not

have the opportunity to enter the general mainstream of employment provided the support service or the sheltered work place is available?

Of course, this puts strain on the concept of the sheltered workshop, because if people are going to become more and more productive—and I think that is a very good trend—and can go out into general society, then what is the role in terms of productivity of the workshop that has evolved? I think that is a very significant question.

It is all very well to say it has a training and an assessment and a rehabilitation role, but on the other hand there are some very human feelings involved. People who have been associated with the development of very highly successful sheltered workshop programs, particularly in the field of the developmentally handicapped, say we really do not want to have to go back to what we were doing seven, eight, nine years ago. It is not something that is going to be solved overnight.

As far as the salaries, the conditions and so on are concerned, as I say, we went through this quite exhaustively. We are working with the Ministry of Labour, consulting with them. We have the question of the Employment Standards Act which, depending upon its interpretation, will have impact on this area.

Is there something specific you wanted?

**Mr. Sweeney:** The follow-up question deals with the proposed passage of Bill 7, which would have a nondiscriminatory clause for people who are disabled, and I would think a number of people who are presently in sheltered workshops might fit into that category.

From what you have just said, are you anticipating that certain industries, certain work places, might have to accept people who are at present in sheltered workshops if they can demonstrate that they are capable of doing the work, and therefore that will eliminate that aspect of the problem?

**Hon. Mr. Drea:** No, I think that has always been there. In general industry, although perhaps not as fast as anyone wants, you are getting a concept of the sheltered work place or the sheltered work site. Traditionally, I suppose the first were the blind. There are now various kinds of disabled people in industry, those with wheelchairs, et cetera.

The concept, and I do not think it flies in the face of the Human Rights Code, is that if you have been trained to be an extremely productive worker, and this is getting to be the case for

the better functioning, particularly in the field of retardation, are you to be kept in a sheltered workshop, albeit at the minimum wage or whatever—I think that is an incidental question—or should you be encouraged to take your skills out into the general marketplace as part of the normalization or community process or whatever?

Wherever possible, there is encouragement to do as much as possible in the community with a view to normal living, provided the support is there, but you come full circle when it comes to employment. Should one necessarily be put into this category of the sheltered workshop rather than being encouraged to go forward?

I do not think it is a question so much of the Human Rights Code; obviously, you cannot refuse to employ someone. The thing that has been coming along is the ability of general industry, and I am not talking about industrial or manufacturing plants alone but the whole general nature of the commercial world, to become much more adaptable in terms of the sheltered work place.

The sheltered work-place concept can be everything from a ramp and no stairs, to facilitate people who require wheelchairs to work, right up to places where there is a specific provision for the blind or the deaf so they will not be injured. They can do their work, but heavy stuff will not be going by them at all times.

I do not think it is so much a reaction to the Human Rights Code, or to anything there as it is to the fact that industry and commerce are now very much aware of the abilities of “disabled people.” They are looking at the potential and what can be done to provide opportunity, whereas four or five years ago that just was not in the cards.

The sheltered workshop has been a great vehicle for 50 or 60 years. What I am thinking about out loud now is not to abolish the sheltered workshop, but to expand the sheltered workshop into the sheltered work place in industry or, if the person does not require a sheltered work space, to be able to facilitate his entry into the general work force.

3:40 p.m.

**Mr. Sweeney:** I think I hear you saying you are moving towards an expansion of the concept of the sheltered workshop.

**Hon. Mr. Drea:** I am not, but these things are happening quite naturally out there, in industry and commerce—

**Mr. Sweeney:** Would you be involved? I guess that is what I am really trying to—



**Hon. Mr. Drea:** No, because these job opportunities are going to be provided out there. All I am saying is that these are going to have an impact on the traditional role of the sheltered workshop which, in the last five or six years, I think has changed a bit.

They began as a vehicle, first, for rehabilitation, in a very limited capacity; and, second, for some type of gainful endeavour. That, historically, is not as much for the sake of providing you with money, but of trying to utilize whatever skill you have, so you would feel like a contributing member of society. They have turned out to be extremely successful. As you know, many of them are very productive and can keep a great number of things going.

Now the question is, are you going to keep all the productive workers who have been trained in that mode, or are you going to facilitate their going into general industry? That raises an impact, Mr. Sweeney, because if all of your productive people are going out, or at least if many of them are taking advantage of opportunities that have developed that were not there before—and we are not developing them as a ministry but society as a whole is—then what happens to the sheltered workshop? Does it revert to being a training place, an assessment place, and the prime source of work only for the lower-functioning or the less-productive worker?

These are the impacts that are being felt out there. It is all very well to look at it on paper, but I think you can understand the very human feelings involved.

**Mr. Chairman:** Are you continuing, Mr. Sweeney?

**Mr. Sweeney:** Not if someone else wants to pick up that particular topic; I have another totally different question.

**Mr. Grande:** Mr. Minister, you were talking about gainful employment in the sheltered workshops. I am not responsible for this ministry, therefore I do not have all the facts at my fingertips, but I do remember that we were talking at one particular time about the 50 or 60 cents an hour that these people in sheltered workshops receive. Do you classify that as gainful employment or monetary gain?

**Hon. Mr. Drea:** Mr. Grande, I think it depends upon the interpretation. The framework in which I mentioned gainful employment was in the traditional role of the sheltered workshop where the point was not the wages that were being paid, it was the opportunity to

do some work in addition to whatever training was received. This has been going on for 50 years.

We are now at a point where certain determinations have to be made: one, under the Employment Standards Act, is that person in there a worker within the meaning of the act and therefore entitled to at least the minimum wage and perhaps even more? I do not limit it to the minimum wage.

The question is also that not everyone in the sheltered workshop gets the same pay; instead of one blanket wage you might have very many, based upon skills. That is one question that has to be decided in law, okay?

That has some financial implications for the sheltered workshops, but in addition to that—I know they talk about deficits or something, okay; but in terms of a very productive work force that is what they are going into and they do a great many things very competitively; they are not asking for handouts or anything else out there—you advance that as just another step up, because it is not by government decree, it is happening out there and you are really responding to it.

Should it not be the thrust to normalize employment opportunity and, by normalizing, have sheltered work places or work sites within general industry?

It comes back to you then: what is the role of that workshop? Does it revert completely to training, assessment and, after a short period of time—and I am talking particularly of the field of the developmentally handicapped, which has been a long-term project; some of the other sheltered workshops have been a straight assessment, training, rehabilitation, onwards and out.

I think the real question is that a lot of thought has to be given to it in the ensuing years, because it is not something that can be settled by government decree. It is not just the wage question.

**Mr. Grande:** Mr. Minister, I appreciate that you probably do understand that when a person attempts to do his best in producing a product and gets 50 cents or 60 cents an hour, that certainly does not go a long way in the rehabilitation process—mind you, it is part of it—in terms of the self-worth of the individual. Although, as I said, I am not very clear about your responsibilities as a ministry towards the sheltered workshop, through the amounts of money you give to the sheltered workshops, are you in effect attempting to suggest there should be some increase in payment to the people involved there?



**Hon. Mr. Drea:** Mr. Carman is going to speak to that, but the one thing I want to leave with you is that not all workshops can even attempt to be productive. Some may be entirely a very long-term operation for lower functioning adults, very nonproductive.

We have operations in facilities where it takes four years to teach a retarded person how to mix a container full of soil—four years, five days a week. I think that is great progress, but when you get out there, in terms of productivity, in terms of a plant engineer or someone, that is not much progress at all.

Not all of them are the same. You are really looking at a category of individuals.

**Mr. Carman:** The problem really is that the thing that has been called a sheltered workshop has had, for the past 10 years, a whole series of objectives and a whole series of functions relative to a group of people whose needs and capabilities range widely. I think the minister has just described to you a group of people who, unless we have some breakthrough in professional technology, for some time to come would be long-term stays in a sheltered workshop and whose productivity is probably well below any kind of assistance allowance now being provided to them through either the Gains D program or the to-be-phased-out permanently unemployable program.

**Mr. Grande:** Pardon me if I interrupt. That example the minister gave, is it typical of the sheltered workshops?

**Mr. Carman:** Yes, it is real.

**Hon. Mr. Drea:** Yes, you have a whole range.

**Mr. Grande:** I know it would be real and I know there would be a whole range.

**Hon. Mr. Drea:** You cannot look at a sheltered workshop as one entity. It has a number of components in it. Quite often part of it is for extremely slow or lower-functioning people. Another line over on the other side of the building is probably close to and in some cases probably better than general industry.

So it is not possible to say that in the whole entity, with all of its components, there is one class. Some may move from today's lower-functioning classification, particularly as the training techniques are advancing very rapidly, as you know. People who were considered to be almost in a "make them comfortable" situation two, three or four years ago, are now virtually ready to come out into the community. That complicates it just a little bit.

3:50 p.m.

**Mr. Carman:** There was a group who were, in the view of some of the supervisors of the workshops, actually interfering with the workshop production. A decision was then taken that the workshops ought to be funded for those individuals through what we call a life skills program, where they learn the activities of daily living.

In actual fact, a good number of people who were on the very bottom rung of the productivity ladder have now been moved to life skills programs where they are not funded under the traditional workshop funding system, they are funded as a program, particularly a program for the mentally retarded. We are able to fund them at a 100 per cent funding level and not on the basis of workshop funding, but those people are still found within that same building called a sheltered workshop.

It goes all the way up the range then, when you move into things like pallet manufacturing plants or workshops that produce wooden toys or other workshops where there is a product, packaging for example, to individuals who are beginning to move up into an area where they are working within 50 per cent of or fairly close to the minimum wage.

The question has come up, would it not be appropriate to pay those people a wage which corresponds to the actual productivity of the individual? This is the area we are now examining in concert with the Ministry of Labour. One of George Thomson's senior policy co-ordinators is leading a study in concert with Labour on how we can redesign our funding of workshops to reflect that particular reality.

It does raise some interesting problems, though. One of the problems it raises is that if the person is functioning fairly close to the minimum wage, it can affect their eligibility for social assistance. Of course, that means it has impacts, not only on fringe benefit entitlements but on how one goes about funding the residence in which that person lives, because quite a number of those people live in subsidized accommodation through the funds for the mentally retarded. There are a number of related policy issues we have to address at the same time.

From the standpoint of the workshops, they are expressing another concern and that is, in order to pay this productivity wage, it means that they are going to have to have some method of actually measuring the productivity of each and every worker. They have expressed concerns about the impact that would have on their

own costs and on the practicality of coming up with measurements that would reflect the productivity of individual people on what really amounts to a day-by-day basis.

As you might expect, the characteristics of some of these people are not as uniform as the characteristics of an individual who is working on a typical assembly line. Particularly with ex-psychiatric patients you can find that the volume of productivity, the capability to perform work, varies with the day of the week and other factors. It is not just a simple, straightforward matter.

However, we are addressing the question because it is important, not only in reference to Bill 7, as Mr. Sweeney said, but it is a question regarding the most appropriate method of remuneration for these people in relation to the Employment Standards Act. That is why the work is so closely co-ordinated with Labour.

**Mr. Grande:** Just one last question: when can we look forward to some kind of recommendation from this body, Labour, George Thomson and others who are doing this work?

**Mr. Carman:** Perhaps I will let Judge Thomson speak to that.

**Judge Thomson:** Our hope is to have some recommendations on that early in the next calendar year, early in 1982.

**Mr. Ruprecht:** You were talking earlier about ex-psychiatric patients compared to those who are mentally incapable. I have forgotten what you called them.

**Hon. Mr. Drea:** The developmentally handicapped.

**Mr. Ruprecht:** How does the figure break down? How many ex-psychiatric patients do you have in your program compared to developmentally handicapped?

**Mr. Carman:** There are fewer, but I would have to get you the actual number. I do not know it offhand.

**Hon. Mr. Drea:** There is a structural difference built in with regard to the developmentally handicapped. Many of the workshops are run in conjunction with training programs and community work done by the local associations for the mentally retarded. They may be in community residences where there is community support. Some of them provide further training for those younger people who have never been in a facility and probably never will be.

The number of developmentally handicapped would, by virtue of the programs for them,

constantly be much higher. It really is not a rehabilitative operation; it is part and parcel of the whole community-living concept.

**Mr. Ruprecht:** At what point would you incorporate them?

**Hon. Mr. Drea:** It depends upon the community program. The Harry Foster Training Centre, for one, provides a training program for the more highly functioning retarded of all ages. Some in that program are adults, coming out of facilities in which they were placed years ago, but most are people who have never been in a facility. I was there at their twenty-fifth anniversary, and the people making the presentations had been trained there. They are now completely in the private sector.

The centre is part of an all-embracing living concept. It is rather difficult to compare that to a rehabilitation workshop for someone who has been in an accident or for someone who is advancing his skills, or even to one for those with emotional difficulties who are being brought back into the mainstream.

Returning to your first question, we can get you the figures you requested.

**Mr. Ruprecht:** I would appreciate that.

**Hon. Mr. Drea:** I would like to say, on the topic we have been discussing, that you would not have in such a sheltered workshop young persons who have been, say, in a children's mental health centre. Generally they are in a position to take regular occupational training. It is the developmentally handicapped whose regular occupational training would be via the workshop. It is a different structure.

**Mr. Chairman:** As a point of clarification, item 5 deals with the mentally handicapped.

**Hon. Mr. Drea:** It is really retardation, which I suppose means mentally handicapped. I just do not want there to be confusion, semantically, with someone who has had psychiatric treatment, which is entirely different.

**Mr. Chairman:** For the clarification of the members of the committee, are the group homes, accommodations and sheltered workshops under that item in any way different to the ones you are discussing under item 5?

**Hon. Mr. Drea:** The question was asked before you came in, Mr. Chairman. We are talking about the whole range of sheltered workshops.

**Mr. Chairman:** But item 7 specifically deals with this.

4 p.m.

**Hon. Mr. Drea:** What I have tried to do is to keep it in perspective so we are not talking about two or three different things. There is a structural difference in the number of workshops and other places for the developmentally handicapped since part and parcel of their program is that they remain in the community. There are also sheltered workshops which are of a different structure altogether and which operate for a different clientele.

**Mr. Chairman:** I would just point out to the members that item 7 offers them the opportunity to dwell on that particular area more specifically.

**Mr. Grande:** We are on vote 2902, item 5?

**Mr. Chairman:** Yes, we are.

**Mr. Grande:** Are we doing that whole vote at once, or item by item?

**Mr. Chairman:** We are doing item 5, which is described in the manual as adult services. We deal with halfway houses and handicapped persons as well.

**Mr. Grande:** My colleague has something to say.

**Mr. Chairman:** I have a list of speakers. Mr. Boudria is first, unless there is a supplementary.

**Mr. Boudria:** This is my first day at this committee, apart from the day the minister made his opening remarks. I will ask a question of the minister, although I am not sure it is in order on this particular vote. I think it comes under adult social services.

Before the meeting started I discussed privately with the minister the case of two young adults who are no longer wards of the children's aid society because of their age, which is 19. I guess, Mr. Minister, this would probably a good time to ask my question.

I have two constituents who have been residents of the Sunrise Home in Cornwall for most of their lives. We consider them children, although they are 19 years old. That has been their home for as far back as they can remember.

The children's aid society will no longer pay the cost of their care at Sunrise Home and your ministry is refusing to pay for it because the home is not an approved one. That means either the parents must pay—and they have no money—or they must be relocated in another home. The mental age of these two is perhaps four, and they have known no other life. For them to be moved away from their home and friends because bureaucracy does not allow them to live there is tragic.

I wrote to you, Mr. Minister, and my letter was answered by John Horricks, who is the area manager of adult services for that region. Perhaps if I passed the letter to your officials it would assist in ascertaining if there is some mechanism by which we could help those two constituents of mine who are living in Sunrise Home and who, by the way, are not related. Perhaps someone from your ministry could reply to that.

**Judge Thomson:** I think I can speak to this as it stood about three or four months ago. I am not quite sure what the status is now but I will check.

It is true there are a number of private group homes in which children have been placed as wards of the CAS, which pays the full rate. When the child reaches adult status, unless the home is one that is funded under our Homes for Retarded Persons Act or the Developmental Services Act, there is a problem in obtaining more than the basic Gains rate or institutional rate for that resident.

I understand that three or four months ago we were looking at the possibility of turning that home into one that would be funded under the Developmental Services Act and the new method we have of funding community residences for mentally retarded persons. That would make the home one in which all the residents were covered for most, if not all, of the cost of the care.

However, looking at that letter, there does not seem to have been any discussion of that option with respect to this home, so I shall have to follow it up with the regional director to find out if those plans have suddenly changed. My understanding is that there are a number of children in that home who are facing the possibility of having to be moved, as adults, to one of our adult mental retardation community residences. We are trying to avoid that through this option. I can check with Mr. Macdonald and get back to you very quickly on that.

**Mr. Boudria:** I would appreciate that. I was under the same impression from conversations with local people on this issue. But as you say, the letter does not refer to the fact that they had applied to the ministry for approval.

I am also concerned about the owner of Sunrise Home, Mrs. Szbadka, who is the mother of the person who used to be in charge of your Champlain School in Alfred. She runs this small business, and one just wonders how long she can continue with only partial payment for the children who are now there. I understand she



has been keeping one child for almost a year and has received hardly any money at all from your ministry.

If the home is to be approved, will there be retroactive payment for those two individuals I am speaking about? There may be more than those two, but I am mainly concerned about my two constituents. Will there be retroactive payment for the period of the reduced funding, which commenced when the children's aid society ceased paying, up to the date that you reinstate full payment?

**Judge Thomson:** I think that the answer to that would depend on her financial circumstances as a result of that delay. It may be that the rate to be paid, once it was approved, would be one that would allow her to recover, over time, the funds she lost.

Perhaps the reason that letter does not mention the proposal I referred to is that it is from the manager of adult services in Ottawa, whereas the plan, I understand, was being put together by the children's services because the vast majority of the residents are under the age of 18. It may be that he is not aware of that. I shall check into that very quickly.

**Hon. Mr. Drea:** What we would want to look at, as Judge Thomson has indicated, is the home's financial circumstances as of today, because we would be entering into a purchase of service contract with them, which would be entirely different from the past arrangement with the children's aid society.

**Mr. Boudria:** I understand that the children's aid society has a certain discretionary power where they can continue funding after the age of 18 for a short period. I spoke to the local CAS and got the impression they felt they could do that, in one case, for a number of months. But the other case has been dragging on for so long they feel they would be acting outside of their mandate if they pursued it any further.

**Hon. Mr. Drea:** There is another problem here as well, in that the type of accommodation which is being offered is in a boarding home, which will have diminishing returns because of the expansion of community training and community residences for the developmentally handicapped. Indeed, most of the homes, training centres or whatever you want to call them, really are tied into a very extensive program. Consequently, fewer and fewer are being placed in a straight boarding home situation. Many of these things which George has talked about are just now coming on stream in eastern Ontario.

4:10 p.m.

We will certainly take a look at the problem, but we have to face the realities of the situation. The minister is constantly approached with this sort of problem. I recognize that means there are some emotions out there, so it would be better—and I am talking about parents or people who have a great deal to do with the community role of the developmentally handicapped. It is almost incumbent upon the minister to terminate a great number of these things immediately, because otherwise you continue with the institutional cycle.

I do not subscribe to that because, as you have pointed out, you are dealing with individuals, and this is the home they have known and in which they are comfortable. My position always is that we are in the position of building homes. Some may be bigger than others, some smaller, et cetera, but this is where the particular individual feels most comfortable.

**Mr. Boudria:** Just two more points very quickly—

**Mr. Chairman:** Let me go back to what I said earlier. Both your questions of policy and services are related to the Developmental Services Act and the Homes for Retarded Persons Act, which are under item 7. I urge you again to follow the order and restrict your comments and questions to item 5, dealing with adult social services.

I am sorry, Mr. Minister, it is just that we are jumping back and forth.

**Hon. Mr. Drea:** They are adults.

**Mr. Chairman:** From the comments I hear on the services and the developments and according to the questions—

**Hon. Mr. Drea:** Mr. Chairman, the difficulty is that legally the two people who are his constituents are adults; for a number of reasons, I think it would be agreed by everyone in this room that the solution to it lies under the children's act. They got into the predicament because they have passed over the age of 19 and since the member was here on opening day—which seems like years ago—it might be easier for my staff to keep it all in perspective if you would allow him to ask his other two questions, if they are on this—

**Mr. Chairman:** If they are related.

**Hon. Mr. Drea:** Yes, but Mr. Chairman, we are now a completely decentralized ministry.

**Mr. Chairman:** Flexible too.

**Hon. Mr. Drea:** No, but decentralized. Remember, it really has to deal with the local people in



this regard. It is not what has been here for 30 or 40 years, when you could deal with a centralized operation. At this time it would be very helpful to my staff if all us concerned with this—because we have to go to the regional director or the area director, get back the information, and then provide it to the member.

**Mr. Chairman:** Thank you, Mr. Minister. Please continue, Mr. Boudria.

**Mr. Boudria:** Thank you very much, Mr. Minister.

**Mr. Chairman:** Do you do this with every chairman?

**Hon. Mr. Drea:** If we want to be very technical, okay, I can sit here and say that they should be under item 7; but we might not get to item 7 today and the member may not be able to be here tomorrow. He is dealing with a decentralized operation and he is trying to do his best and—

**Mr. Chairman:** He is dealing with a flexible chairman too.

**Mr. Boudria:** Thank you. I am glad to hear the chairman is flexible. I shall be very brief, and the whole thing will be over in a matter of one or two more minutes, Mr. Chairman.

Elaborating on one point of the minister: the community homes, as you said, are not very abundant in that area. There is one at Smiths Falls—

**Hon. Mr. Drea:** Oh no, that is not a community home; although I suppose, in the broadest of terms it is, because there is independent living there.

**Mr. Boudria:** That is one facility where there was thought of relocating them. As you may appreciate, we have also a linguistic problem as well, in moving them to Smiths Falls. Neither of the children may even understand English.

**Hon. Mr. Drea:** Oh, please—

**Mr. Boudria:** I know there are some services at Smiths Falls, but I do not know whether they are all there; and because they are so severely handicapped—for instance, I think that neither of them is even mobile on his own.

**Hon. Mr. Drea:** I think it is fair to say, although Mr. Barnes may want to correct me, that there is not a single service, right up to total care for the nonambulatory, that cannot be provided in both official languages at the Rideau regional facility.

**Mr. Boudria:** That is good if that is the case. That concern was expressed by the family.

**Hon. Mr. Drea:** As I say, right up to total care, and obviously these two do not require total care.

**Mr. Boudria:** In view of the fact I have never been in one of those facilities, Mr. Minister—

**Hon. Mr. Drea:** Total care means 24 hours by 60 minutes by 365 days a year.

**Mr. Boudria:** I am not sure and I have not seen the patients.

**Hon. Mr. Drea:** Mr. Boudria, they do not, or they would not have been there.

**Mr. Boudria:** They would not have been there?

**Hon. Mr. Drea:** They would not have been in the place they were, to receive their training, their program, their care. I am not talking about one person rotating from corridor to corridor, the facilities are there in both languages. Indeed, the government of Quebec, which from time to time makes a placement in there, is more than satisfied with the component in the French language.

**Mr. Boudria:** I see. I am glad to hear that. I can only reiterate that the families would really like the children to stay there. As I said before, it is their home, they have always lived there. It is very difficult to make someone who is maybe at an intellectual level of three or four years old, understand that they will have to be moved to some other place away from their friends, their family and so on, because there is something in the bureaucracy that says they cannot stay there any more.

**Hon. Mr. Drea:** Not bureaucracy, please.

**Mr. Boudria:** There is something in regulations of some kind that makes it—

**Hon. Mr. Drea:** We could go into it. It is a question of a change in the care of the developmentally handicapped. I make it very plain to you, as plain as I can; disregarding the intellectual capacity of a person, an individual, there will be an impact upon them on going into new surroundings and they will exhibit this. There is for everyone, whether they are—

**Mr. Boudria:** Also it may not be good to move them as they are both epileptic. Apparently that creates some stress on them, I am told.

**Hon. Mr. Drea:** While they may not be able to verbalize, the impact will be as substantial as on anyone moving from one place to another.

**Mr. Boudria:** Thank you.

**Mr. Chairman:** Is there anything you wanted to add, Mr. Barnes, to the minister's response?

**Mr. Barnes:** No, there is not.

**Mr. Chairman:** Ms. Bryden had some questions; I guess she has gone. Did she indicate what her concerns were?

**Mr. Grande:** She will be returning shortly, Mr. Chairman.

**Mr. Chairman:** Are there any further questions or concerns any members of the committee may have under item 5, the adult social services?

**Mr. Grande:** Mr. Chairman, obviously we should be continuing. However, Ms. Bryden has something to say about senior citizens so perhaps she could be allowed to make her comments in that area when she returns. Then we could go on to another vote.

**Mr. Chairman:** If no one else objects, then let us proceed to item 6 and we will go back, when Ms. Bryden arrives, and allow her to ask some questions.

Item 6 deals with children's services and that is listed in your briefing book on page 77.

On item 6, children's services:

**Mr. Gillies:** Mr. Chairman, I guess it would be appropriate at this time, as many of us had the delegation in this morning regarding day care, to ask the minister if he could give us some small degree of detail as to how the meeting went this morning, how he reacts to the brief and the recommendations they made.

**Hon. Mr. Drea:** It was not a brief to this minister.

**Mr. Gillies:** No, I appreciate that.

**Hon. Mr. Drea:** It was a brief to the Premier (Mr. Davis) and to the cabinet. It was a brief that suggested a number of recommendations, the most basic of which was that day nurseries be transferred from this ministry to the Ministry of Education. There were a number of suggestions put forward and the Premier answered them.

The most basic response by the Premier was this government is committed to the expansion and development of day care. The reason I say "day nurseries" is that it is not negotiable with this government that the standards diminish. It was also asked in the brief that the standards fall under the Day Nurseries Act.

4:20 p.m.

The Premier responded—ask Mr. Kolyn, who was there—that the government has an open mind on the particular thrust. The basic thrust was that by 1990 there be universal accessibility to day care.

**Mr. Ruprecht:** You will not be the minister then.

**Hon. Mr. Drea:** I will be around a long time, Mr. Ruprecht. You may be back in city hall where life is more convivial.

It really was not asked that the minister comment, neither was it asked of the Minister of Education (Miss Stephenson); they did not say a single word. Really, the Premier's responses, put simplistically, I guess, were that we were not in a position to give a commitment to universally accessible day care by 1990. We wanted to look at the ramifications of many of the proposals. We had an open mind—I should not say we, he had an open mind as to the desirability of whether day care should leave this ministry and go over to Education. He had an open mind on the request for a task force and that all of these things would be considered.

**Mr. Gillies:** I appreciate that your formal response to this would take some time in coming, but—

**Hon. Mr. Drea:** Not mine, Mr. Gillies. I am not playing with this; the brief was not to Mr. Drea, the brief was to the Premier and the government of Ontario. Obviously, there have to be certain things evaluated and replies given, and I suggest to you they will be given under the hand and seal of the Premier of Ontario.

**Mr. Gillies:** I appreciate that. I am just asking some questions as you are the lead minister responsible and I thought you might have some initial thoughts on it.

**Hon. Mr. Drea:** I am not so sure I am the lead minister responsible. The brief had nothing about Community and Social Services, the whole thing was education so it should be put under the Ministry of Education, along with all kinds of—almost an education model. So I am not the lead minister, I am not saying a thing.

**Mr. Ruprecht:** Are you suggesting the Minister of Education should be responsible for day care?

**Hon. Mr. Drea:** I am not saying a thing.

**Mr. Chairman:** The critic of the NDP is here and I guess you have a supplementary?

**Hon. Mr. Drea:** Mr. Ruprecht, a question like that puts me in a peculiar position. I was just an observer there today. I had a few remarks to make but they were in specific areas. Policy will be determined by the government, by the Premier and by the rest of the cabinet.

I just want to make it very clear that as far as

everyone in the room was concerned, I did not even need to be there. They want an education model and I am not in the education business.

**Mr. Gillies:** Would you care to comment at this time on a few of the specifics?

**Hon. Mr. Drea:** No.

**Mr. Chairman:** Your question again is not for a formal statement?

**Mr. Gillies:** No, not at all, I am just trying to get his impressions.

**Hon. Mr. Drea:** With all this interest, why was the place not packed this morning?

**Mr. Grande:** Let us not play this numbers game. They were attempting in a serious way to give—

**Hon. Mr. Drea:** Mr. Grande, were you there this morning?

**Mr. Grande:** No, I was not.

**Hon. Mr. Drea:** Mr. Gillies asked me what went on this morning and I just told him. Whether you agree with it or do not agree with it, that is your problem. He asked me what went on and I told him. I cannot do any more than that.

**Mr. Gillies:** I was going to ask specifically, and this is something that jumped out of the page at me, in the brief they recommend the elimination of public funding for commercial centres, and this is something that is ongoing. It is funded through your ministry and I wondered if you had an initial thought, because I happened to notice in the back of the brief that some of the organizations participating dissented. It would appear to be a matter of some controversy even amongst those who made the presentation.

**Hon. Mr. Drea:** I am not going to change. Does that settle the controversy? I think it is fair to say, Mr. Gillies, that this was a coalition that came in; not all of them subscribed to everything.

**Mr. Gillies:** I am certainly not trying to be provocative.

**Hon. Mr. Drea:** I am sure you are not.

**Mr. Gillies:** It was a matter of some concern. I had the delegation in to see me and I thought I would—

**Hon. Mr. Drea:** People come to see you and people ask you questions directly. Today Mr. Drea may have sat at the right hand of the Premier, but Mr. Drea was not being asked anything. It was Mr. Davis being asked.

**Mr. Chairman:** Ms. Bryden is back. Mr. Grande, would you mind if we could get back to item 5, and then we will pursue both your and Mr. Ruprecht's supplementaries to the question of that particular brief?

**Mr. Grande:** I am not interested in going to a supplementary. I would like to—

**Mr. Chairman:** You will have a chance to ask questions later on.

**Ms. Bryden:** I appreciate your holding the vote for me until I came back.

**Mr. Chairman:** There is consideration for all the members in this committee, Ms. Bryden.

On item 5, adult social services:

**Ms. Bryden:** What I wanted to raise under adult services was the question of the ceiling on grants for elderly persons' centres. A new elderly persons' centre has just been started in my area. There had not been one in this part of the east end of Toronto.

The grant is limited to \$15,000. That rate was set, I think, back in 1974. It means that since the community or the organization running the centre has to match it, there is a maximum budget of \$30,000 for an elderly persons' centre which is supposed to be a recreational and social centre to help seniors socialize and to get those who are living in their own homes out of their homes. It is a very valuable concept. We do need that kind of socialization to give them both educational programs and physical exercise and generally bring them into the community.

Thirty thousand dollars in this day and age is a ridiculous amount. It hardly even pays the salary of the co-ordinator, much less provides any sort of opportunity for outreach, for bringing people into the centre with some sort of transportation service, for hiring people to teach courses and things of that sort.

The first thing I would like to ask the minister is, will he not consider raising that ceiling?

**Hon. Mr. Drea:** We discussed this at some length last Wednesday with Mr. Johnston. Would you like me to go through it again?

**Ms. Bryden:** I am sorry, I have not been in touch with Mr. Johnston since then.

**Mr. Chairman:** There was quite an extensive reply and discussion on that particular topic.

**Hon. Mr. Drea:** Would you like a brief reply?

**Ms. Bryden:** Yes, very brief.

**Hon. Mr. Drea:** The entire operation is under review. With the introduction of the home support program by the Ministry of Health, as



our agent, we are now in a position to develop an all-embracing senior citizens' assistance package, of which the home for the aged will be the focal point, the prime resource in the community, for rather obvious reasons.

The role of elderly persons' centres will change very drastically because they too will be a very significant focal point of the program now being developed in terms of outreach and, wherever possible, of co-ordinating the activities exclusive of that home support program.

**Ms. Bryden:** Did you discuss specifically providing startup costs for a new elderly persons' centre?

**Hon. Mr. Drea:** The whole thing is under review. First of all, we want to develop the program. That is being developed by my staff very rapidly. With their additional responsibilities, additional resources would have to be provided.

**Ms. Bryden:** Specifically, this group found that increased startup costs were something they very badly needed because any group starting out has to raise funds to get its matching grants and get out a brochure and that sort of thing. That is one area that might be reviewed.

Another area is the whole question of capital grants to the local—

**Hon. Mr. Drea:** The whole business is being reviewed.

**Ms. Bryden:** I hope the review will get along very quickly.

**Hon. Mr. Drea:** I just told you it was.

**Ms. Bryden:** You can spend two years studying what to do, while these people are waiting for some sort of response.

**Hon. Mr. Drea:** If you were here last Wednesday, believe me, you would know it will not be two years.

**Ms. Bryden:** Another area that may not have been mentioned and which you might consider is the development of what are known as intermediate homes. This would be halfway between seniors operating in their own homes in isolation, or without very much support, except from organizations that go in occasionally, and their going into an institution. It is a sort of halfway house for seniors where there would be perhaps one person in a supervisory capacity to help those seniors who needed a little assistance.

Are providing both capital funds for acquiring those homes and some operating subsidy under consideration?

4:30 p.m.

**Mr. Carman:** I think it is fair to say there already are a number of these so-called intermediate homes in existence. I am thinking particularly of the ones in the Niagara region. As it turned out, Niagara did not require the kind of capital assistance you are referring to. They are operating them as satellite homes under the homes for the aged program and it is working out quite well.

In fact, it is quite easy for Niagara to show there are a number of people who have extended care certificates and who really could be in a nursing home but are being maintained very nicely at a very low cost within such settings. The people say they do not want to move to a higher level of care, notwithstanding the fact they have the 12 points that would permit them to move. So we already have developed a funding mechanism for those people who want to be a little innovative on the capital side.

However, in making the intermediate home concept more province-wide, we are engaged now with the Ontario Association of Homes for the Aged in examining the entire range of long-term residential care. This would be within the ambit of that study. We will certainly ensure that the question of that halfway house or intermediate home, however you want to describe it, is part of the study we engage in with the OAHA.

**Ms. Bryden:** There is a community group in my area right now actually looking at properties in order to get an intermediate home started. Will they be able to expect some sort of assistance, either in the capital or the operating area, within the next year?

**Hon. Mr. Drea:** Why would they not go the Canada Mortgage and Housing Corporation route?

**Ms. Bryden:** I do not know that CMHC has any funds in the capital field in this area.

**Hon. Mr. Drea:** It may not be capital, but it is the spouse of it. It has a very attractive mortgage capability, et cetera, and the daily rate more than does it.

One of the difficulties is that there are constantly constraints upon government capital. When you come to me and want a capital grant, you are competing with 20 line ministries, et cetera. I know their capital requirement, in comparison to some other ministries, is rather small. But in this type of operation, the CMHC type of funding and so forth has proved somewhat advantageous. A lot of people are going



that route now. They are not limited by provincial government capital or federal government capital.

**Ms. Bryden:** Does CMHC make money available for renovations of an existing building or just for new buildings? It is a much bigger project to find the funds for a new building for a community group.

**Hon. Mr. Drea:** It depends upon the kind of building they envisage. Are they going to start a home for the aged? Seriously, what are you talking about in terms of units?

**Ms. Bryden:** They are talking in terms of a small apartment block that might be renovated, but with a supervisory person living within the community. Also operating costs do not come from CMHC. They would have to come from grants. They would have to come from your ministry.

**Hon. Mr. Drea:** Yes, I know. The operating grants are not that significant a problem. The main hurdle is this constant competition for government capital.

**Ms. Bryden:** Would you have any operating grants available now for this group if they get a building going?

**Hon. Mr. Drea:** To answer you directly, the answer is no, because the operating funds go through either the municipal home for the aged or the charitable home for the aged. If it is going to be a satellite of either one, just as it does in the Niagara region, it flows through either at the municipal or at the charitable home for the aged level. In effect, they purchase the accommodation or the service.

If we started funding directly, the difficulty would be that we would have set up an intermediary out there in competition, theoretically, with the home for the aged, regardless of its classification.

**Ms. Bryden:** But the whole point is to save money, to prevent people being institutionalized, to keep them out of the homes for the aged.

**Hon. Mr. Drea:** In some degree of fairness, I do not think a home for the aged is an institution.

**Ms. Bryden:** Most people consider it as such. The costs are a lot higher possibly than—

**Hon. Mr. Drea:** Yes, but in a home for the aged, there is also tremendous activity and other types of programs. In fact, your party has been most explicit that there should be a very

significant expansion of the public sector in the care of the aged, which boils down to the home for the aged.

The difficulty is that if you start funding at one level and are funding at a higher level, then you are invariably going to get into a duplication of resources and what have you.

**Ms. Bryden:** I believe less money is required for this kind of home and I think our party would support this intermediate kind of housing.

**Hon. Mr. Drea:** Yes, but how about the Metro chairman? The Metro chairman has approvals for homes for the aged coming across my desk. Now what does the Metro chairman and Metropolitan Toronto do? You are saying that people do not want to go to their places. There has to be a rationale there, Ms. Bryden.

**Ms. Bryden:** As you know, most of the homes for the aged are being loaded down with what are really chronic care cases. They are not really homes; they are chronic care hospitals. This is why something in between, which is more of a home, is needed. In the long run, it would require fewer homes for the aged beds because there would be alternative facilities.

**Mr. Chairman:** I am sorry to interrupt again. If I recall the discussion we had in reply to Mr. Johnston, it was extensive. Perhaps you could take a look at the answer in Hansard and pursue it later on with the minister and his staff. I just wondered whether the case in your riding will be solved if we continue discussing it here in committee.

**Ms. Bryden:** I wanted to make sure the minister was aware of it in his planning for the future.

**Hon. Mr. Drea:** All I am saying is that it is very difficult to enhance and expand a publicly funded model, which is the home for the aged, regardless of what the charter is on that home for the aged, if you want me suddenly to get into intermediate funding on a direct basis.

I think the model in Niagara has worked out very well. As part of an outreach by the homes for the aged, this intermediate model is there, yet access is provided when the person does require the specialized services of the homes for the aged; it keeps it all within balance. I understand your concern about primarily residential care, but perhaps when we see the proposal, or a little bit more than you have said today, we could give you some more definite answers on it.

Item 5 agreed to.

On item 6, children's services:

**Mr. Chairman:** We were in the middle of a discussion and I had two supplementaries following Mr. Gillies' question on the submission made today to the Premier.

**Mr. Grande:** I believe you started with a comment or a question. Do you want to pursue this?

**Mr. Grande:** Yes, I certainly do. I appreciate the fact that the minister was a bystander today at that meeting.

4:40 p.m.

**Hon. Mr. Drea:** No, an observer. I had some remarks to make. You might have enjoyed them had you been there.

**Mr. Grande:** That is the role of the minister under whom supposedly most of the day care facilities in the province fall. He finds himself an observer when a coalition of people across this province produce a day care brief to the Premier.

**Hon. Mr. Drea:** Let us just set the record straight, shall we? That coalition chose to present that brief. Can you open up to page one? Whom is it addressed to? They chose that, not me.

**Mr. Grande:** It is addressed to the Premier.

**Hon. Mr. Drea:** Yes, it is.

**Mr. Grande:** That is fine. I am not saying the brief was not presented to the Premier. What I am saying to you is that the Ministry of Community and Social Services traditionally in this province has been the ministry to look after the day care needs of people in the province.

**Hon. Mr. Drea:** But these people do not want that. Again, on page one, these people want it all to go over the Ministry of Education.

**Mr. Grande:** Mr. Minister, I happen to agree with that basic thrust.

**Hon. Mr. Drea:** No doubt.

Interjection.

**Hon. Mr. Drea:** No, I say no doubt—

**Mr. Chairman:** Order.

**Mr. Grande:** The chairman and other members of this committee no doubt will recall that during the Education estimates we talked about this. The chairman of this committee was continually saying to me, "Why do you not raise it under Community and Social Services because that is the proper area?"

**Mr. Chairman:** Did I suggest that? Are you insinuating that I suggested to you or to anyone else that this should be raised here?

**Mr. Kolyn:** I do not recall that.

**Mr. Grande:** We will take a look at the estimates of the Ministry of Education. On a couple of occasions, you directed me to deal with the matter of day care in the vote of Community and Social Services.

**Mr. Chairman:** Yes, but it has nothing to do with this brief.

**Mr. Grande:** No. Mr. Chairman, I am talking about the concept. I was attempting to talk about day care under the auspices of the Ministry of Education in this province. In your wisdom, sir—I am not questioning that—

**Mr. Chairman:** Both in the wisdom and the reality, Mr. Grande, day care is under this ministry.

**Mr. Grande:** —you said, in effect, that the Ministry of Community and Social Services is the ministry responsible for day care in this province.

**Mr. Chairman:** Right.

**Mr. Grande:** However, be that as it may, I guess I am in the right vote under the right ministry to discuss day care.

**Mr. Chairman:** Yes, it will be discussed under this particular item. I think what the minister has indicated is that we should dissociate the particular recommendations of this brief as being addressed, not to the minister but to the Premier. Obviously, the entire question of day care, related or unrelated to the brief, is to be discussed in these estimates. But I would not focus the brief as part of the estimates discussion per se.

**Mr. Grande:** Let us talk about day care.

**Mr. Chairman:** We had a supplementary related to this particular brief. This was a supplementary to Mr. Gillies which referred directly and specifically to the brief. We will continue. There are two more supplementaries, Mr. Ruprecht followed by Mr. Kolyn.

**Mr. Grande:** What is going on?

**Mr. Chairman:** This is related to the brief.

**Mr. Ruprecht:** I have a supplementary to his.

**Mr. Chairman:** Then we now have two supplementaries.

**Mr. Grande:** I think you are in a conciliatory mood, Mr. Chairman.

**Mr. Chairman:** I am always in a conciliatory mood; you know that.

**Mr. Grande:** The chairman has decided—

**Mr. Chairman:** Order. We have listened to you, Mr. Grande. Let us have an opportunity to listen to wisdom—

**Mr. Ruprecht:** He is not finished yet.

**Mr. Grande:** I am not finished; I have not even started.

**Mr. Gillies:** Do not look at me; I opened the door and you guys got in.

**Mr. Chairman:** Order.

**Mr. Ruprecht:** The minister really said something significant in my book.

**Hon. Mr. Drea:** What was that?

**Mr. Chairman:** We will have to check Hansard.

**Mr. Ruprecht:** What I would like to know from the minister is when he said, almost in passing, I think, that by 1990 there is going to be universal accessibility to day care—

**Hon. Mr. Drea:** I did not say that, please.

**Mr. Kolyn:** That is not what he said; he was quoting from the brief.

**Hon. Mr. Drea:** Just so I can set that straight, that was one of the thrusts of that brief. Mr. Gillies asked me what went on this morning. I said the Premier made the responses. I am repeating it secondhand.

**Mr. Ruprecht:** I am very happy you are clarifying that.

**Hon. Mr. Drea:** The Premier said we were going to expand and go on expanding our leadership position in day care, which is well known in Canada. He was pressed for a commitment on universal accessibility by 1990. He said he could not give that commitment; he could not give a commitment to any time frame for universal accessibility.

**Mr. Ruprecht:** Then, of course, you were asked a question in the House. You cannot give a commitment and the Premier cannot give a commitment obviously, but you are saying there is an expansion of day care planned under your ministry. Is that correct or not?

**Hon. Mr. Drea:** Yes.

**Mr. Ruprecht:** Good.

**Hon. Mr. Drea:** It is constant.

**Mr. Ruprecht:** What is the plan for greater accessibility in the next year and the following year? Have you any figures there?

**Hon. Mr. Drea:** No, not yet.

**Mr. Ruprecht:** Will there be any figures forthcoming?

**Hon. Mr. Drea:** Yes, at the time the allocation process is done, I will be glad to announce it in the House.

**Mr. Ruprecht:** Can you give us a rough idea when that will take place?

**Hon. Mr. Drea:** I do not know whether the allocation process will be completed before the House rises. We are not in control of it, you know. As soon as it is done, we can tell you, and we have to fairly early on for the sake of the municipalities who are doing planning and so forth.

**Mr. Ruprecht:** Early?

**Hon. Mr. Drea:** As early as is humanly possible. They have to look at their budgets. One of the things that was forgotten today was the fact that the municipalities pay 20 per cent of the subsidy for day care spaces and they have to know, literally, for their own budget where they are going and what is going to be the allocation of space. They have to decide where they want the spaces and whether they want to take any of them.

**Mr. Chairman:** Are you going on a question of this brief?

**Mr. Ruprecht:** Mr. Chairman, just one more point and you will not hear from me again today.

**Mr. Chairman:** I love to hear from you.

**Mr. Ruprecht:** From what you are saying, there are two aspects of it. One is that you will be making an announcement on the greater number of day care spaces in the next year or in the immediate future.

**Hon. Mr. Drea:** It is ongoing year by year.

**Mr. Ruprecht:** I understand that. I just want to clarify that.

**Hon. Mr. Drea:** If you want to be fair about it, I suppose we are reaching towards the goal of universal accessibility.

**Mr. Ruprecht:** Reaching towards the goal of universal accessibility? Terrific.

4:50 p.m.

**Hon. Mr. Drea:** If you take away spaces, you go away from the goal; if you provide spaces, you go towards it. Not being a static person, I am not standing still.

**Mr. Ruprecht:** Do you see what I mean by very significant? This is very significant.

**Hon. Mr. Drea:** Do you mean that honestly?

**Mr. Ruprecht:** I mean it honestly. So you will come up with the numbers on the expansion of day care. Secondly, will you give us or provide us with a plan of what you intend to do in terms of the long-range forecasts?



**Hon. Mr. Drea:** What do you mean by that? Do you mean what are we going to do in 1983, 1984, 1985, 1986?

**Mr. Ruprecht:** Will such a plan be forthcoming towards, as you indicate, universal accessibility?

**Hon. Mr. Drea:** In this ministry we would operate one year at a time in the area of the provision of the spaces. There are other things, particularly in a developmental area and so forth, that have nothing to do with year-by-year operation. They are on the basis of proposals coming in, of successes of certain projects and so forth. The 500 spaces for Metro are based on a year-by-year basis because, the truth of the matter is, they come in on a year-by-year basis. They are constantly looking at their waiting list or their needs or where they want it provided. There are areas of the handicapped where they are assessing their needs and where they might be provided.

**Mr. Ruprecht:** I have one final question then. Mr. Minister, is there, in your mind or in your forecast, a long-range plan for the future in terms of expanding day care? When you say year by year, does that mean you are not going to have a long-term plan over the next decade?

**Hon. Mr. Drea:** Mr. Ruprecht, we have had a long-range plan long before you were elected and we are still in it.

**Mr. Ruprecht:** That is terrific. Just answer the question, please, if you can.

**Hon. Mr. Drea:** I did.

**Mr. Ruprecht:** That is not an answer. Is there a long-range plan to expand day care spaces in the next 10 years? Have you got such a plan?

**Hon. Mr. Drea:** Yes, we have had it since 1978 or 1979. I do not want to confuse you, I am not playing games, but there are many aspects to this, of which the provision of the number of spaces is only one. We are in the midst of a long-range plan, which is the provision of more spaces based on need.

By the way, when we talk about spaces, Mr. Ruprecht, those are taxpayer-paid spaces. We are not talking about a nonprofit group or a commercial group starting up more day care spaces; we are talking about the ones that will be provided, either wholly or partly subsidized, to family heads in need, and that is constantly ongoing.

Another thing we are doing in that long-range plan is to make provision for those who do not need or who do not qualify for subsidized day

care spaces. As you know, there are a number of initiatives there. We are talking about a great number of areas in there which are innovative departures from the traditional day care or day nursery model which is with us, but I think you have to look at the number of spaces now. We have 65,728 which are licensed. That is better than 50 per cent for all of Canada. About 20,000 of those are taxpayer-paid in whole or in part. So there are two aspects to this.

A great many people will be working and will be entirely self-sufficient. They do not qualify for subsidized day care, but they are interested in where they can get day care that is very good. There are province-wide standards for what should be properly called day nurseries. Those are not negotiable.

**Mr. Sweeney:** You used the figure of 65,728.

**Mr. Chairman:** Is that in the briefing book anywhere?

**Hon. Mr. Drea:** It is in our book, yes, on page 80.

**Mr. Sweeney:** Are they subsidized?

**Hon. Mr. Drea:** There are 65,728 in total, of which 20,000 are subsidized in whole or in part. That depends on the parents' income. It is a subsidized place but it may not be totally subsidized. The person may have earnings that just do not entitle the total subsidy, but maybe just a part. How did I confuse you on that?

**Mr. Sweeney:** It is just that I am looking at the report and it says that only 12 per cent of 67,000 were subsidized.

**Hon. Mr. Drea:** I think their brief was written before certain events took place which may have distorted it a bit.

**Mr. Chairman:** We are ready for your question, Mr. Kolyn.

**Mr. Kolyn:** Mr. Gillies, in answer to one of your questions on the briefing book on day care, I was at the meeting this morning and, unfortunately, we did not always stay on the issue of day care per se. In the brief, I think there is a column where they ask the Premier to lobby the federal government to come up with more funding. When the Premier indicated that is not the proper thing to do, one of the participants suggested we should not be spending any more money on defence.

It was not too long before the Premier suggested that every government has its priorities and all the money cannot go to the particular needs of some individuals. What we really had was a bit of mixing, a lot of unionism



in it, as well as day care. When I say unionism, we got into the reasons why we were funding Ford, Chrysler and Massey Ferguson. It was suggested that if we had not funded these places, we could have taken that particular money and put it into day care. That is an admirable thought.

The Premier pointed out—

**Mr. Chairman:** I am still waiting for a question.

**Mr. Kolyn:** What it amounts to is that we certainly should be protecting—

Interjections.

**Hon. Mr. Drea:** He was the only person in this room who was at that meeting. Maybe he can shed some additional light on it.

**Mr. Chairman:** Order. Mr. Kolyn is shedding additional light.

**Mr. Kolyn:** What the Premier basically said was that in order to expand day care, in order to keep up the community services, we must have a tax base. We cannot put all our money into social services; there are other things required in this province.

**Mr. Chairman:** Thank you for your additional comment, Mr. Kolyn.

**Ms. Bryden:** I just wondered how many hours we have left.

**Mr. Chairman:** Today we have until 6 p.m. and there are approximately five-and-a-half hours after today.

**Ms. Bryden:** There are a couple of things I wanted to deal with.

I do not know whether you noticed that the Kitchener Council of Churches suggested they might be willing to open their doors to day care if they could get subsidies for the renovations needed to bring them into line with the health and fire regulations in the Day Nurseries Act.

Also, a businessman suggested that groups of businesses might get together and provide child care centres in an area in order to attract new employees as well as to look after the needs of their employees in this field. But they also would expect some sort of assistance to provide the facility.

Has the minister had any thoughts on either helping churches or small businesses to put together a day care facility?

**Hon. Mr. Drea:** No, Ms. Bryden. Actually, as you know from Mr. Norton's announcement in December 1980, those were some of the nontraditional ways we were pursuing, and we had talked about seed money.

I had to say this morning, speaking very candidly, one of the inhibitions on people coming forward and asking for seed money is the high interest rates, plus the high construction costs and so forth, which in many cases they consider a significant impediment. Is it being suggested that groups of employers want a subsidy from the government?

**Ms. Bryden:** I am not sure that they actually want a subsidy. There has been a suggestion that businesses might get together.

**Hon. Mr. Drea:** We have tried to encourage industry, and commerce too, because I do not want to leave it that it is strictly manufacturing industries, to encourage employers to recognize over a period of time, where their work force is either significantly or predominantly female, that they might find the provision of proper day care an advantage to their operation.

5 p.m.

If people want to get together, that is fine; but if you are talking about a subsidy to employers, that is a rather significant thing.

**Ms. Bryden:** The fact that it has not happened indicates some incentives are needed.

**Hon. Mr. Drea:** Are you suggesting that the taxpayer should subsidize an employer so that his work force can have the advantage of day care?

**Ms. Bryden:** Otherwise, the public sector has to provide the day care. The children of the women who are going out to work need care.

**Hon. Mr. Drea:** This is something along the lines of that \$5-a-place grant that is being suggested. This would be a great boondoggle for the middle class.

**Ms. Bryden:** Mr. Minister, are you opposed to the middle class?

**Hon. Mr. Drea:** No, Ms. Bryden, I am part of it. One of the things about the middle class is that they pay their own way. They are not in a position whereby they are coming to the government with their hand out asking for something else. The position of the middle income people has traditionally been that through their taxes and other contributions they help assist the less fortunate, but in terms of their own particular circumstances they recognize the fact that they are independent.

**Ms. Bryden:** Right now in the day care field they are the group most discriminated against because they do not qualify for a subsidy which is based on need.

**Hon. Mr. Drea:** Mrs. Bryden, in the whole world they are the group most discriminated against because they pay all of the bills. As I pointed out this morning, everybody on the other side of the table, according to what I heard on the radio this morning, wanted taxes cut, not raised. You cannot start providing all of this funding that people are asking for in the tens of millions of dollars without it coming from some place.

**Ms. Bryden:** Yes, but do you realize that the only people who get help on day care are those in the very low income level and those on the very top income levels who can benefit from the federal tax deduction because the higher their income is, the greater the benefit? There is not even a tax credit system in the federal field on day care. As a result, the great group of people in between, whom some people call middle class but a great many are actually very medium income people, are put in the position where they get really no help on day care because their income tax is not high enough to benefit from the federal benefit and they do not qualify for the subsidy on the basis of need.

As a result, those people are being asked to pay the full cost of day care. If they have more than one child, they cannot really finance day care and make any money on the wages they can command in the clerical and service fields which are where a lot of women go. As a result, that group is having to provide day care in some sort of inadequate way, either through unsupervised day care by neighbours or by going to profit-making day care. Otherwise, they have to stay out of the work force and possibly go on welfare.

That group is paying the full shot and is getting inadequate day care. As a result, their children are at risk. This is why I am suggesting we have to provide some sort of assistance for that group.

The \$5-subsidy that you say would just be a boondoggle for the middle class was not intended to go to the parents. It was intended to go to the day care centres to enable them to raise salaries. If you have seen the study of salaries that the social planning council brought out last May, you will know that they are way below what most professionals make. The people in day care are professionals and they work in a dedicated fashion for very low wages.

**Hon. Mr. Drea:** Can we pause for a moment?

**Ms. Bryden:** Just let me finish.

**Hon. Mr. Drea:** Fine, whenever you do.

**Ms. Bryden:** Somehow or other we have to raise the wages of the day care workers if we are going to have adequate quality day care, and the parents cannot carry any larger load, especially all those parents who are unsubsidized. The reason for the \$5-proposal is to give a boost to the day care centre and to raise those salaries.

**Hon. Mr. Drea:** So the woman who is now paying \$52.25 or \$52.50—I think that is about the average—who is not subsidized will go on paying that and the \$5 will go entirely to wages? Maybe I misunderstood the brief.

**Ms. Bryden:** That is the proposal, I understand, from the coalition groups.

**Hon. Mr. Drea:** We are now in the position of the government subsidizing wages. I do not see how it is any relief to the middle income group. If Mrs. Drea is paying, on average, \$52 or \$54 a week for day care, or day nursery care as I prefer to call it, for a child, then she is asked to pay \$5 more through her taxes, or at least to provide for that provision, and still go on paying the \$52 or whatever the amount is. I fail to see how this is of great benefit to the middle income group.

**Mr. Chairman:** Just for clarification, Ms. Bryden, for the committee to be aware of the questioning, are you making a distinction between a direct government subsidy to employers in the private sector or is it a matter of negotiation between labour and management in the private sector in day care in the work place?

**Ms. Bryden:** The proposal is that the \$5 would only go to nonprofit day care and it would be to assist nonprofit day care wages.

**Mr. Chairman:** So it is not day care in the work place that we are discussing?

**Ms. Bryden:** It is to raise wages; it would be an additional operating subsidy. I think you should recognize that day care workers are grossly underpaid and I think you have some responsibility in your operating subsidies to increase it. The \$5 per space is just a way of making a start. It would not go to the parents, as I say, but would go to the day care facility.

**Mr. Chairman:** Thank you for your comments. I think it would not be proper to simply say that you cannot make reference to the recommendations of this brief. In discussing the estimates there may be some recommendations to which members of the committee would like to refer, but I would not like to spend the discussion on item 6, which deals with a lot of other areas of concern, including day care, only

on discussion of the brief itself. I think we should make reference to it if there is need in discussing the items themselves. If we could have a list of speakers on item 7, we will start with Mr. Grande, followed by Mr. Sweeney.

**Mr. Grande:** Mr. Chairman, I have to continually remind you, with due respect, that the members of this committee will make the determination as to what they want to talk about. If the members of this committee want to spend the whole vote on the day care services provided, the members of the committee will do that.

**Mr. Chairman:** Mr. Grande, I would like to comment on your comment.

**Mr. Grande:** I will be continually doing it in the ministries I am responsible for and I hope one of these days you will realize that I come to this particular table to talk about the things I want to talk about.

**Mr. Chairman:** Mr. Grande, there is no attempt by the chair in any way to divert your attention or prevent you from expressing your concerns in the area of the delivery of both policies and the services under any particular item or vote. I simply wanted to say that it is my responsibility as chairman to ensure we proceed in an orderly fashion to discuss the particular items under the vote currently before the committee in the estimates of this ministry, and not discuss the brief per se unless we ask the representatives or the witnesses of this particular organization to appear before the committee.

That is something you may want to suggest and it probably would be appropriate. If what you are suggesting is for members of the Ontario Coalition for Better Day Care to make a presentation, that is totally different and would be quite acceptable. Otherwise, I do not think that we, as members of the committee, should be discussing this.

This is why I have pointed out that we are discussing the estimates. I am sure there are a number of recommendations or references in the brief to which you may want to refer, but let us discuss the estimates under item 7.

**Mr. Gillies:** On a point of order, Mr. Chairman: In the absence of the minister, I want point out that the reason I raised the brief is that it is topical and germane to the ministry we are discussing. I fully appreciate that the brief is directed to the Premier and the cabinet, but I asked the minister's opinion on a few of the issues and he gave me his opinion on a few of

them. I appreciate your position on this matter, but I did think at the time that a few questions about the brief were in order.

5:10 p.m.

**Mr. Chairman:** It is quite all right if you want to spend the next five hours discussing this particular brief, but I think my responsibility is to proceed with the items of the estimates. That is all I wanted to point out.

**Ms. Fish:** Why can't we move to Mr. Grande's questions on day care?

**Mr. Kolyn:** We should not be discussing the brief in detail. That was done this morning. Those of us who took the time to go heard all the pros and cons of the argument. I do not want to hear it reshaped here.

**Mr. Chairman:** No one is trying to prevent you from expressing your opinions, Mr. Grande. I would feel insulted if you were to imply in any way that I, as chairman, am trying to be unilateral and dictatorial. I have been quite flexible. You even offer me cigarettes once in a while, which I am sure is in appreciation of the way I handle this.

**Mr. Grande:** Mr. Chairman, my question is to the minister. As the minister, rightly or wrongly, believes that since this brief that was dealt with this morning had nothing to do with his ministry—

**Hon. Mr. Drea:** I did not say that, Mr. Grande.

**Mr. Grande:** Here we go again.

**Hon. Mr. Drea:** For the last time—I am the easiest guy to get along with—can we keep the facts straight? The original question was, what went on today? I told him the brief was not addressed to me, that I was there as an observer in much the same way as anybody else who was there and that somebody else did most of the speaking.

I tried to relate what the Premier (Mr. Davis) had said and I tried to tell him that the Premier, not I, made the responses. Nobody but Mr. Kolyn was there, apparently, so I tried to convey what the Premier said. He spoke for a long time and I tried to keep it very succinct.

I had some exchanges with Mr. Pilkey on a very friendly basis. We looked at some innovations and so forth, but they were a very specific part that took only two lines in one of the appendices, so I did not really think you would be interested in that.

**Mr. Grande:** Does the Minister of Community and Social Services agree or disagree that the thrust of day care ought to be in the schools of this province?



**Hon. Mr. Drea:** Mr. Grande, that really is not for me to say. I told you this morning that the Premier said that he, the cabinet and the government had an open mind on the matter.

**Mr. Ruprecht:** I think he is saying you are responsible.

**Hon. Mr. Drea:** That I am responsible for the schools?

**Mr. Ruprecht:** No, day care.

**Mr. Chairman:** Order.

**Hon. Mr. Drea:** If you want to elaborate, Mr. Grande, I find it very interesting. There were no criticisms of this ministry there. The argument was that it should be an education model, which is for the government to decide. The Premier quite specifically said he had an open mind on it. The Minister of Education (Miss Stephenson) did not reply; I did not reply.

**Mr. Grande:** I am not trying to be critical of your position as Minister of Community and Social Services. I am not trying to be critical of your ministry with respect to day care. God knows, we could be critical, but I am not at this particular time attempting to be critical. I am simply saying that you said a decision will be made in cabinet—and properly so—and suggesting that since you are the member of cabinet under whose ministry day care specifically falls, no doubt you will have some input into the determination and decision of cabinet. I am asking you what position will you be taking as an individual member of cabinet on the thrust of the day care function of this province being in the schools?

**Hon. Mr. Drea:** Mr. Grande, when I make those submissions I will make sure you know about them after the decisions are made. You know perfectly well that I have an oath to the executive council which is above and beyond my oath as minister. You know better than to take a cheap shot like this. You know the procedures. If you want to discuss the thing, that's fine.

**Mr. Grande:** I am just asking for an exchange with the minister on this.

**Mr. Ruprecht:** What about afterwards?

**Hon. Mr. Drea:** Do you not know the rules either? You are the guy who is apprenticing to be a minister, an alderman or something. I suggest you look at the executive council oath.

**Mr. Ruprecht:** An alderman is not a minister, Mr. Minister.

**Hon. Mr. Drea:** One way or the other, you are going to be somewhere in 1987.

**Mr. Chairman:** We will get back to Mr. Grande now.

**Mr. Grande:** Are you suggesting, Mr. Minister, that you do not want to get involved in an exchange of ideas?

**Hon. Mr. Drea:** I am telling you very clearly that if there is to be a decision made by cabinet, I have made an oath to the executive council. I am sure you are familiar with it. I cannot reveal my position either before, during or after the decision without violating that oath, which supersedes my oath as Minister of Community and Social Services. You know that is an integral part of the parliamentary process. I find it amazing for you to sit here wanting to read into the record something that would violate my oath.

**Mr. Grande:** I did not look at it from that point of view, but obviously you are taking that position.

**Hon. Mr. Drea:** I am not taking any position. It is a matter of what the law very clearly says. Mr. Grande, when I raise my right hand and place my left hand on the Bible to take an oath, I am not about to break it. You would be most critical of me if I did.

**Mr. Grande:** I was not really asking you to break your oath of office. I understand about your oath of office. But because cabinet might be looking at day care a year or two years from now, does that mean that you will not now be able to talk about different ways of delivering day care services?

**Hon. Mr. Drea:** Of course not. You asked me about a particular position, how I felt in the light of this great thrust. You should go back and read your words. You did not ask me a general question; you asked me what was my position in the light of this thrust.

**Mr. Ruprecht:** Ask him what his opinion is.

**Hon. Mr. Drea:** If you want to talk about day care, I will talk about day care till these estimates are over. But do not start asking me, in the light of this brief and the thrust put forward—the Premier has responded to that already—what my position will be, when this matter is determined, on whether day nurseries will remain in this ministry or go to the Ministry of Education or to the Ministry of Revenue or somewhere else. I cannot do that. I think you know that.

**Mr. Chairman:** Mr. Grande, before you proceed, you have been on committees for a number of years. I think the past chairman of this specific committee extensively discussed the question of policy and revelations of what-

ever nature that a minister has to make of what will be pending policy. To expect the minister to make a policy statement on behalf of the government in this area would be most unfair.

**Mr. Ruprecht:** He is not asking for that.

**Mr. Grande:** I am not asking him that.

**Mr. Chairman:** If that is your line of questioning, the minister, in all fairness, cannot give you that answer.

**Mr. Grande:** That is fine. The minister will make that determination; I appreciate that. I just want to let the minister know that the Minister of Education has not shied away from making her determination known that day care does not belong in the schools of this province. The Minister of Education has put that on the record according to the information I have from the Education estimates. I am asking the minister for his own personal opinion on the matter, not to divulge cabinet discussions.

**Mr. Chairman:** There is a very fine line of distinction there. A minister may want to express a personal opinion to this committee, but he is not here in a private capacity, but as minister with a portfolio for a certain ministry, and any statement he makes here will be that of a minister.

I can understand the minister's concern that you may perceive any statement he makes to be of a personal nature and quite informal, whereas he may perceive it as that of a minister of the crown. I can sympathize with his position and I understand the pressure he is under from the form of some of the questions placed to him today.

**Mr. Ruprecht:** Let him answer the question.

**Hon. Mr. Drea:** I already have. Don't you ever listen to any of this?

**Mr. Chairman:** There was an answer to this on a number of bases.

**Mr. Ruprecht:** You were saying here that you won't permit him to give an opinion. I think that's a lot of bunk.

5:20 p.m.

**Mr. Chairman:** Mr. Ruprecht, you may learn something by listening to Mr. Grande. Order.

**Hon. Mr. Drea:** He is not asking me an opinion.

**Mr. Ruprecht:** He is asking you an opinion.

**Hon. Mr. Drea:** You are not back in city council. Behave yourself.

**Mr. Ruprecht:** I am behaving myself. I am just getting very frustrated.

**Hon. Mr. Drea:** If you dropped in here once in a while, maybe you would be able to follow the rules.

Mr. Grande, whatever the Minister of Education said in the past, I just want to say that your question to me was specifically "in light of this brief." It was brought forward today that that brief represents a consensus of organizations representing one million people.

The Premier undertook to study the specific request that all day care be placed under the Ministry of Education. At that very moment it became a cabinet decision. Therefore, whatever my views, my opinions or my feelings may be, I am bound to remain silent not only until it is decided but afterwards.

I have said I welcome initiatives and I welcome innovations. I go back to the policy statement of Mr. Norton in December 1980, which was extremely specific. Have you read it, Mr. Ruprecht? Have you read the policy statement? You were asking me about the long-term plans.

**Mr. Ruprecht:** I have looked at it.

**Hon. Mr. Drea:** Just to bring it into perspective, Mr. Grande, 90 per cent of it really went above and beyond the direct provision of day care spaces. There was a whole range of initiatives and innovations, as well as the concept that we needed input from the community, such as did the community have very specific ideas for co-operative day care, for alternatives to the structure, et cetera? We have been soliciting that data.

As long as I am the minister of this portfolio and as long as day nurseries are in this portfolio, I assure you that our approach will be progressive. We will encourage innovation and initiative and we will look at all new concepts. If a decision is made someplace that there is a ministry that can better administer this program, then so be it.

**Mr. Chairman:** I think that is a fair answer.

**Mr. Grande:** I will not ask the minister to give me an answer he feels he cannot give me. But are you aware, Mr. Minister, that in 30 schools across the Toronto board alone there are day care programs which are run by parent boards? The Toronto Board of Education has issued guidelines as to how those are to function.

**Judge Thomson:** Mr. Chairman, I can respond to that by saying, yes, we are aware of those programs. A number of the spaces in those programs are at present being subsidized by this province to the extent of 80 per cent, although

the funding comes from the municipality. So we are very much aware of those programs that have been established.

Those programs in all cases are run by separate parent co-operatives, not by the board itself. The board does provide the space, but as I understand it, a separate parent co-operative runs each and every one of those programs.

**Mr. Grande:** All of these are nonprofit boards.

**Judge Thomson:** Yes, that's correct.

**Mr. Grande:** Has the Toronto Board of Education, as far as you know, approached the Ministry of Community and Social Services—let's not mention the Ministry of Education—for funding for those programs?

**Judge Thomson:** Yes, they have. There have been meetings that have involved both our ministry and the Ministry of Education. They have approached us in two or three respects. They have sought an addition in the number of subsidized spaces to be provided to enable them to expand the number of programs in their schools. I understand they have negotiated successfully an arrangement with the city so that some of the new spaces being provided this fall will go into those school programs. As I said earlier, we would be funding that at an 80 per cent level.

Secondly, they have sought some support from us in terms of capital startup and some of the initial costs of renovations for some of those particular programs they want to establish in the first year and then on in future years. We have said we will consider those in the context of our review of proposals that come in generally from nonprofit organizations in response to our initiative as part of the \$10 million for this year, which provides for capital startup for some parent co-op programs and some initial operating costs. We have not, at this point, indicated whether or not they will be successful in light of the number of applications we have received, but we have indicated to that board we will be back to them in the next short while with respect to our response to that request.

**Mr. Grande:** Are you aware, sir, that to change the facility of a junior kindergarten and make it meet the standards of a day care facility could be done without a tremendous amount of money? We are talking of somewhere between \$15,000 to \$20,000. Would it not make sense, with the moneys you have available for capital expenditures, to use that route?

**Hon. Mr. Drea:** It could make sense, but by the same token there might be some other parent boards on a co-operative basis that want to provide day care spaces in other locales. The Toronto Board of Education is not the only geographical one involved. It is also one of the initiatives of parent boards in the smaller community where the demand is not quite so high, although still very necessary. When you are talking of the amounts, all of those things are taken into perspective, but in terms of the provision of day care spaces, maybe that is interesting since it is within the scope of this ministry. The total need is looked at as well. You do not just buy the cheapest model.

**Mr. Grande:** That is true. I am just saying in the return on your dollar that would make tremendous sense since you already have the facilities right there in terms of empty classrooms.

**Hon. Mr. Drea:** Mr. Grande, one of the things in this ministry is that we deal in human services. I do not necessarily look at return on my dollar.

**Mr. Grande:** Yes, but at the same time you are saying that the dollars are scarce.

**Hon. Mr. Drea:** I did not say that. When did I say that?

**Mr. Grande:** What of the constraint program of the government?

**Hon. Mr. Drea:** Mr. Grande, as long as I have been the minister of this portfolio, and it goes back to April 10 or 11, I have never used the term "dollars are scarce."

**Mr. Grande:** Maybe you did not say it, but certainly it is government policy.

**Hon. Mr. Drea:** I suppose it is subject to interpretation.

**Mr. Grande:** When would you be able to give an answer to the Toronto Board of Education on its proposal? I understand also that the York Board of Education, the area I represent, would more than willingly go that route since basically both the Toronto and York Boards of Education serve the same clientele, so to speak, in terms of needs, and the boundary is just some kind of imaginary line that really does not distinguish between different types of communities.

**Judge Thomson:** The guidelines in relation to capital startup only went out very recently. We have indicated to them that we think we can give them an answer before the calendar year is out. As I understand it, the centres which were to begin in September have begun, and we have



not held them up in that area. What they are seeking is some funding which will assist them for programs which will begin in the next calendar year. Provided we get back to them one way or another before the end of this calendar year, that is satisfactory for their plans.

**Mr. Grande:** Can I make an assumption—and maybe I should not make an assumption—that you are looking at it favourably at this time?

**5:30 p.m.**

**Judge Thomson:** If I can say one thing in reinforcement of the point the minister made a few minutes ago, there are a number of other small parent co-ops which have indicated they wish to seek funding for startups. In relation to a point made earlier by Ms. Bryden, we are also asking that some employers may make proposals, although it must be a nonprofit organization which they are proposing. The board itself has said to us that it does not want to see us necessarily placing them before those kinds of private parent programs, and the board recognizes the difficulty we have in trying to make decision amongst a number of competing proposals.

That is why it is difficult, at this point, to be able to tell you exactly what the response will be until, as the minister says, we see the number of proposals we receive and try to weigh the total amount of money we have available in relation to that. But we have assured the board we will do that balancing and they know we will do so.

**Mr. Grande:** Mr. Chairman, thank you very much. I have just one last question, which has nothing to do with this whole area perhaps, but it does have to do with day care.

I understand—and correct me if I am wrong—that nonprofit day care organizations can ask for a grant to the ministry for materials, equipment, et cetera, which are used in the day care centre. I also understand that in the past year and a half not a single grant has been given. I am wondering about that, actually just seeking information more than anything else at this time.

**Judge Thomson:** I am not sure, Mr. Grande, the extent to which minor capital, as it is called in the industry, has been made available for day care programs. In particular, you are probably referring to what are called approved corporations to which we have in the past provided funds. I should say that the amount of \$1.3 million has been set aside on an annual basis—that is a full-year cost—for these startup grants I referred to a few minutes ago. Those grants do

include the possibility of providing funds for purchases and other small capital costs to get going as a parent co-op.

There are funds available—in total \$1.3 million across the province—in response to these proposals, and some of those funds will go in the very direction you are suggesting. I am not sure, but I can find out for you, the extent to which those funds over the past two or three years have been available.

**Mr. Grande:** I would appreciate very much knowing that information for the simple reason I have a son who is in a day care facility that desperately requires equipment and that kind of material.

**Hon. Mr. Drea:** Does he run it?

**Mr. Grande:** No. He is two years old.

**Hon. Mr. Drea:** Oh, I wondered.

**Mr. Grande:** My concern with that day care, which happens to be a day care in the school, by the way, is that when I was taking a look at day care facilities for my first born, I happened to look far and wide all over Metropolitan Toronto and I could not find more than two places that were able to take children less than two years of age and toilet-trained. Therefore, with the opening of the school's day care, it became much more accessible to individual parents.

I would say to you that the difference in the \$52, \$57 or \$60, or whatever the case might be, may not be a tremendous sacrifice to me as an individual, but it may be a tremendous sacrifice to other parents who are just on that border.

The concern Ms. Bryden brought forth to you is that we are not able in that day care to pay the staff more than somewhere between \$6,000 and \$7,000 a year, and for that kind of money you just cannot demand quality day care in our day care spaces. The staff turnover is tremendous in some of those places. Certainly a two-year-old or a two-and-a-half or three-year-old just cannot cope with that kind of turnover.

So the problems are real, Mr. Minister, and I think you appreciate that they are real. I do not want to make a political comment now. If the minister wants to respond, that is fine. I am concerned about these particular areas and I thank you very much for the information.

**Hon. Mr. Drea:** Mr. Grande, I think it would be fair to say that unless your party has changed since the election, and I do not think it has, your party went into the last election advocating free universal day care, and that is what you stand for today, just as you did prior to March 19. Is that fair?

**Mr. Grande:** Correct.

**Hon. Mr. Drea:** Then I think on the basis of that political position of your party, and obviously of yourself, we view things slightly differently. If you want everything funded, where are you going to find the \$3.5 billion?

**Mr. Grande:** What I am saying to you, Mr. Minister, through this approach, on which you obviously do not want to comment and have gone a roundabout way, is that—

**Hon. Mr. Drea:** I only do not want to comment on it going to the Ministry of Education. That is all I have limited. I would like to comment on where you are going to find the better than \$3 billion.

**Mr. Grande:** What I am saying to you is that there are a lot of spaces out there in our public schools that do not require a lot of money to bring them up to standard. However, once you do bring those facilities up to standard, day care and the availability of day care in this city and in this province will come a lot faster. All I am suggesting to you is that universal accessibility to day care will come a lot faster.

In other words, let us not stay with the traditional approach. You were saying to me that you are open to innovative types of approaches, and I am saying to you that that particular development should be a development that will have results and at least will go some way to solving our day care difficulties in this province.

**Mr. Gillies:** Mr. Minister, could you give us some idea how you are disposed towards the concept of day care in the work place as part of a negotiated settlement between union and management? I believe there are some good examples in the province of this being in place.

**Hon. Mr. Drea:** As I pointed out this morning, I do not regard it as the universal answer. Obviously, it is an area that should not be left to Jean-Claude Parrot in its entirety. I was assured that while Mr. Parrot was a pioneer in many endeavours today, there are others seeking to do this. I think the point was made by Mr. Pilkey, and certainly I agree with it, that not every local union, or indeed even broader than that, is in the economic position, nor is the state of the industry, where this type of thing can be negotiated. I think it is one of the approaches, if you want free suggestions from me, that might be taken on in the collective bargaining field.

It is very interesting to me, and I started to raise this before with Ms. Bryden, that companies, whether they are in the manufacturing or in the service or in the commercial area, that

depend upon a tremendous number of skilled females for their very livelihood and for their continued operation, seem to be remarkably slow at moving into this area, which is one of the realities of life.

In certain industries it would be a benefit to just a minority, but that has never really stopped the collective bargaining process in providing benefits. In industry itself, the employer has certain responsibilities. If the employer wants his work place to be attractive for people to come in and contribute towards profitability, then he goes above and beyond such basic things as safety and washrooms and what have you. This is an area that has barely been touched.

5:40 p.m.

Did we not have some funds a year ago for companies that wished to enter into this? I recall one of my early visits to one of my area offices where it was brought to my attention that we might as well spend these funds on something else because nobody was phoning. This was not funding for the employer, but it was a method which the employer might use or might contribute to. Did we not have that a year ago?

**Judge Thomson:** Not that I am aware of, Mr. Minister. There may have been specific projects that were developed and that were close to this, particularly if it happened to be in the north, where we were trying to develop some special children's programs and where we did have trouble getting some takers, but I am not sure whether that is what you are referring to or not.

**Hon. Mr. Drea:** There is no universal answer to it. Certainly the labour movement pioneered pensions and medicare before government got into it. It pioneered denticare and government still is not into it. It pioneered a great number of things, such as paid maternity leave and also paternity leave, I guess, by Mr. Parrot at the post office.

**Mr. Grande:** The day may come when the government gets involved in universal day care as well.

**Hon. Mr. Drea:** While we are waiting for that great achievement, I think it is somewhat incumbent upon bargaining units to focus in on a real social need which can be provided. I am not saying it is the entire answer, but I think there has to be some work done on it. As I made it very plain this morning, I do not regard it as



the universal panacea. It will not open all the doors, but it certainly is an avenue that could be explored.

**Mr. Gillies:** The reason I raised it—

**Hon. Mr. Drea:** Excuse me a moment. In your community, with Massey-Ferguson, for instance, in terms of the total bargaining unit it is somewhat difficult to really focus in on it. At one time, bargaining units were not terribly interested in pensions; they wanted the cash. There is nothing wrong with that. It depends upon the composition of it and upon the workers' own priorities because they set their collective bargaining goals in conjunction with the union and they pursue them quite diligently. I think this is an area that has its place and might be looked at. Except in almost all-female employee industries, it may turn out to be a very prohibitive cost; I do not know. It may be very difficult to achieve in certain industries.

**Ms. Bryden:** This is where they might get together.

**Hon. Mr. Drea:** Yes, it is no different to the construction field where, because of the smallness, employers get together in one plan to provide pensions and so forth.

**Mr. Gillies:** We did discuss this this morning, Mr. Minister, when the day care delegation was in to see me. I think the representative from the Brantford District Labour Council and I both agreed that as a concept it was a good one. His concern was for the bargaining units responsible for the companies, at least in my riding, that are predominantly staffed by female employees, those in the textile industry, and a few bargaining units in Brantford that would not have the kind of clout and organization and background that the UAW has at Massey's.

I am just wondering if, in your opinion, any initiative from government might encourage these types of industries to which I am referring to take a serious look at this, as opposed to going the straight governmental route.

**Hon. Mr. Drea:** Do you mean with me telling them to go?

**Mr. Gillies:** No, absolutely not.

**Hon. Mr. Drea:** I have never been current and choice in industrial circles or in financial circles. Dr. Elgie and I operate on a different plane.

**Mr. Gillies:** There is some agreement, I think, among most members of the committee and of the House that affordability is a very important

question. Perhaps these things can be addressed by bargaining units and by companies, as opposed to having, initially at least, to go to a universal day care centre.

**Hon. Mr. Drea:** If you look at it this way, only about one third of the work force in the province is under a collective agreement. Where females predominate in the work force is in the two thirds that are not unionized, in banking and commerce and so forth.

**Mr. Grande:** That's why collective bargaining may not be the only route.

**Hon. Mr. Drea:** I was the one who said it was not the only route.

**Mr. Grande:** I said it is an avenue.

**Hon. Mr. Drea:** If you are suggesting that government has to stimulate the social conscience of business, I find that a bit peculiar.

**Mr. Grande:** Somebody should.

**Hon. Mr. Drea:** I think business or commerce or whatever you want to call it has long ago ceased to say—I have not heard anybody say it in a decade—that the business of business is profit. When was the last time you heard that one either here or in the United States where you get most of your tag lines from? You haven't heard that in a decade.

**Mr. Grande:** Yesterday, I guess.

**Hon. Mr. Drea:** Where? The business of business is profit? I have not heard a businessman say that in better than a decade. They have moved off into other areas of society. The very concept of societal marketing or societal organization is that the parameters of your business go far beyond the front gate. There has to be a realization there.

You cannot have it both ways. If you want your taxes to go up very high, then you can have government do everything for you. If you want to keep the costs down—and out there they all say they want that—then the substitute is initiative there. You cannot have it both ways. You cannot have it universally acceptable, totally publicly funded, just like the public school system, and then come in here and make a brief to this minister that the cost of government is getting out of hand. I'll laugh you right out of the place.

**Mr. Grande:** Let me ask a supplementary.

**Mr. Chairman:** Before you do, I think Mr. Thomson wanted to add some comments on this question.

**Judge Thomson:** I was only going to say one thing in response to Mr. Gillies' question. I



know of at least one private home day care agency in this community that over the past year has done three feasibility studies for, in a couple of cases, very large corporations to assist them in the determination of whether they can establish some business-based or employer-based day care operation, although it would not be on the very premises of the corporation.

In one case, it involves a number of businesses that are located in one industrial complex. They are trying to address a way to be able to provide a day care service that gets around the problem of a number of small companies because one needs a large number of potential users in order to make it financially feasible. My last discussions with them indicated that at least two of those employers were almost ready to move. If they do, I think they will constitute fairly impressive examples of what can be accomplished within the corporation context.

**Mr. Gillies:** I am pleased to hear that because, while I was suggesting that perhaps some guidance or some suggestions from government might accomplish that, the model you have brought up is a case where the day care industry showed the way it could be done. As far as I am concerned, that is probably a better way to go about it.

**Judge Thomson:** That is correct. My understanding is that at least two of these are not organized industries. In fact, these are initiatives that are coming from the employer himself engaging in this kind of feasibility study. They will be fee-paying day care centres paid by the employees themselves, if they are established.

5:50 p.m.

**Mr. Chairman:** I guess you have completed your remarks and I believe Ms. Bryden wanted to say something. For the sake of fairness, I believe that Ms. Bryden wanted her question to be a supplementary.

**Ms. Bryden:** Actually, my supplementary was answered.

**Mr. Grande:** Just as a very brief supplementary, Mr. Minister, since you did say that a large percentage of women in the labour market are not members of labour unions and, therefore, for day care needs the collective bargaining process would not be available; and also in view of what we are talking here about the availability of day care in the schools and the collective bargaining process in general, would it be possible or does it make sense that your ministry or the government establish some kind of study or some kind of task force by which we could

outline and talk about the different possibilities by which day care can be delivered, and make certain suggestions to encourage private industry—but not just industry, as you pointed out—and financial institutions, encourage collective bargaining and encourage the schools and other institutions that are available at this particular time to involve themselves in finding a solution to this grave problem we have? It is a problem of the urban areas mainly.

**Hon. Mr. Drea:** In fairness, I think they are all doing that now. They are all presenting proposals, though maybe not formal proposals. There are great initiatives out there in the private sector, in the public sector, in the education sector, in the social services sector and in municipalities. It is all out there. It is a constantly ongoing thing. This almost sounds as though nobody heard of day care or day nurseries until today. It is not true; it is out there.

**Mr. Grande:** It is not a matter of no one hearing about day care until today. We have known about day care for a long time, but the fact is that as time moves on, and we are getting to the year 1985—and, hopefully, we will get there in health—the problems and the crisis continue to be more acute. I am just asking you if your ministry would not consider putting together some of these programs you are talking about. Whether it happens in industry or in other financial institutions or in the schools, these are ways and avenues by which day care service and its delivery can be enhanced in the province.

**Hon. Mr. Drea:** All I am saying to you is that I have no disagreement with that, but it has been going on in my time, which is relatively short, in the ministry. I would take you back to Mr. Norton's announcement in December 1980. It contained all of these things.

Some people said, "Oh, well, it really does not matter; it is just the provision of spaces." Somehow a lot of that announcement got lost. Maybe the glamour is in the provision of spaces; I don't know. But this is exactly the route that the ministry has been going, that there is no one universal answer. There are a number of tools and a number of weapons. Some are more practical in certain areas than others, depending on the people upon whom it impacts. We are constantly doing these things.

Don't get me wrong; I am not closing a door on any. There are all kinds of avenues. Some of the things you close the door on today may be

the door of tomorrow. Some of the things I do not see at the moment may be the door of tomorrow. It is an ongoing process.

**Mr. Grande:** Are you then making a commitment that your ministry will attempt to do this?

**Hon. Mr. Drea:** We are doing it. How much more do I have to show you?

**Mr. Grande:** You are merely putting it together. For example, I have never heard about the particular example that Mr. Thomson talked about and I am sure the member for Brantford (Mr. Gillies) hasn't as well.

**Hon. Mr. Drea:** Mr. Thomson, aren't we conveying this now, at least out there?

**Judge Thomson:** Yes, I think we are in fairly large measure. If I could give you another example, the Montrose program that we are testing here in the city of Toronto, which is a special day care program addressed to young mothers who are still attending high school, is an example of one where not only are we testing, but we have been fairly public in our discussion of its viability.

Another area of programming that is being developed relates to the Jessie's program, where they are looking at ways to establish a model for day care which would operate other than on the nine-to-five basis for people who have special hours of work and so on.

The initiatives we are just getting into are designed to do exactly what you are proposing: to test a number of approaches and learn from those ways by which we can then generalize for other parts of the province. For example, we want to test a new approach to day care called family day care, something which is between private home day care and the larger centre-based arrangement. This would involve a small number of people, perhaps two persons, getting together to establish in their home an operation that would have standards which were more rigorous than just a private arrangement, but something other than the standards that are applied to a full day care operation. We are going to test that in two communities across the province and then, hopefully, have information to pass on about that.

Another major area of activity relates to the so-called private arrangement. It is still true that about 80 per cent of child care in the province relates to the so-called private arrangement, somebody finding a friend or relative or whatever. We have asked for proposals for ways in which we can set up programs that provide basic

supports to the the private arranger in the area of health care, physical safety, nutrition and that sort of thing.

These would also include access to programs for information about recreation and ways to stimulate children, the use of perhaps a resource centre for that neighbourhood, much as Children's Storefront on Bathurst now operates as that kind of a resource centre for providers around that whole neighbourhood. That is another area where, when these proposals come in and then we fund various programs, we hope we will have set up a number of things that then can be models for elsewhere.

There have been some examples up to this year, but the initiatives this year are really perhaps the largest effort that has ever been made to develop those kinds of innovative programs which then can be models for others, not only in large communities but in smaller ones as well. I hope that in a year from now we can demonstrate a large number of those kinds of innovative projects.

**Mr. Grande:** I appreciate what you are saying. While there are things going on and you are testing these things, what I am concerned about is that ideas will be discussed in a particular report—whatever on earth you want to put forward—which will say: "These particular avenues work. We know they work. These particular avenues are in the proposal stage. These particular reports or projects are being undergone right now."

However, I am not aware of anything concise that someone who is interested in day care in this province can grab hold of and be knowledgeable about day care facilities and services that are provided. By the way, I make a distinction between day care and baby-sitting.

**Hon. Mr. Drea:** That is right. It would be much nicer if they did have day nurseries.

**Mr. Grande:** Let us be clear that I do make a distinction. When you talk about these private settings, and I appreciate the support services they have, none the less, these private settings may very well be baby-sitting arrangements.

**Hon. Mr. Drea:** Mr. Grande, I made it plain an hour ago that the standards under the Day Nurseries Act are not negotiable.

**Mr. Chairman:** Mr. Grande, would you be a gentleman and allow Mr. Carman to make just a brief point of clarification to Mrs. Bryden on a point she raised?

**Mr. Grande:** Sure.

**Mr. Carman:** Thank you, Mr. Chairman. Mr. John Anderson reminded me about the arrangements relative to satellite homes. In answer to your question on intermediate care, Mrs. Bryden, I think I left you with the impression that perhaps the satellite homes were run out of both the municipal homes for the aged and the charitable homes for the aged. They are not; they are only run out of the municipal. I thought that clarification should be given.

Also, Mr. Anderson did remind me that the reason the satellite homes are connected with a larger system is that the biggest problem we have, where a charitable organization enters into a low level of care of that type, is that when the person moves on to needing a higher level of care, if there is not a connection with a structure that provides a higher level of care, placement becomes an enormous problem. Therefore, the policy of the ministry in the past was to ensure that the residential care in the satellite home could easily flow into a jurisdiction that had higher levels of care as well.

**Ms. Bryden:** When you say a higher level of care, do you mean just at the residential home or is it a nursing home?

**Hon. Mr. Drea:** A higher level of extended care or, indeed, almost right up to chronic if a person is ill or failing or however you want to call it.

**Ms. Bryden:** Residential care people do not have, or are not supposed to have, extended care. Is that not all supposed to be done in nursing homes?

**Hon. Mr. Drea:** No. In homes for the aged, the major component now is extended care—additional health and nursing care or however you want it put.

**Ms. Bryden:** That is because we do not have enough chronic care facilities.

**Mr. Chairman:** It is now 6:03 p.m., Mr. Grande.

**Mr. Grande:** Mr. Chairman, I just want to ask a very simple question because I do want to find

out if what I have been talking about makes sense and whether there is a commitment from the ministry and the minister in terms of doing something.

**Hon. Mr. Drea:** Yes, we are doing that. I think it may be very practical perhaps in next year's initiatives to very concisely define those parameters of what is going on.

**Judge Thomson:** If I could to deal with it quickly, Mr. Chairman, we are proposing, Mr. Grande, to make use of our children's services newsletter, which now goes to, I think, 25,000 people when it is released every couple of months, to outline the results of the proposals and exactly the initiatives we are funding. We did that, for example, with the Montrose program, and I think that, more than anything else, made it a very broadly known project.

Probably early in the next fiscal year, once we have made all the decisions with respect to the programs to be funded, we will produce a summary of all of those and how people can obtain more information about them in the newsletter. I can promise you we shall do that.

**Mr. Grande:** While I understand about the public relations you may want to involve yourself in, I am concerned about basic needs for day care services in the province. I wonder whether that information may not find its way into some kind of a report.

**Mr. Chairman:** Are you proposing that we carry item 6 or continue on? Have we exhausted the subject of children's services?

**Mr. Grande:** I do not think we have finished with that. We have definitely not finished.

**Mr. Chairman:** In all fairness to the opposition critics—

**Ms. Bryden:** Mr. Johnston would like that it not carry. We shall be back, I think, tomorrow.

**Mr. Chairman:** That is fine. Thank you for your patience and your excellent answers.

The committee adjourned at 6:05 p.m.



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- Drea, Hon. F.; Minister of Community and Social Services (Scarborough Centre PC)
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**From the Ministry of Community and Social Services:**

- Barnes, P. H., Assistant Deputy Minister, Children's and Adults' Operations
- Carman, R. D., Deputy Minister
- Thomson, Judge G., Assistant Deputy Minister, Policy and Program Development
- Waterfield, S., Manager, Program Information









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LEGISLATIVE ASSEMBLY

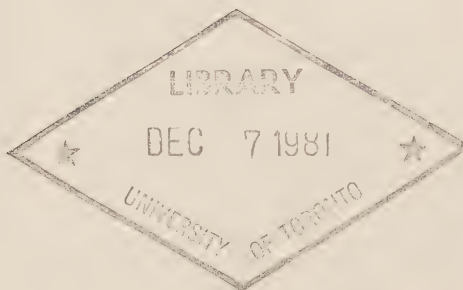
No. S-21

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**

Estimates, Ministry of Community and Social Services



**First Session, Thirty-Second Parliament**

Tuesday, November 10, 1981

Speaker: Honourable John M. Turner

Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Tuesday, November 10, 1981**

The committee met at 3:33 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF COMMUNITY AND SOCIAL SERVICES

(continued)

**The Vice-Chairman:** Members of the committee, I see a quorum.

On vote 2902, adult and children's services; item 6, children's services:

**Mr. R. F. Johnston:** We can move right to day care. We can deal with the question I was asking in the House about initiatives, to which the minister responded. I was not there the day he was. That would be a useful way of starting off and maybe warming me up.

**Hon. Mr. Drea:** What initiatives?

**Mr. R. F. Johnston:** The 10 initiatives in day care. My question was essentially, as I recall, on one of those groups. I thought we could go back to some specific detail on what has been done so far about infant day care, the \$450,000-budget item in that 10-point program. I want to know what has happened so far. Are there any programs funded? Are there any submissions presented?

**Mr. Barnes:** If you will give me a second to get the latest stats together, I will answer your question. I have them here somewhere. We have just been to a presentation this morning on the very same subject.

With regard to the 10 initiatives, the subsidized spaces, which is \$3.75 million, that money has been flowed. We would anticipate spending about \$3.2 million of that this year due to late starts.

**Mr. R. F. Johnston:** How much has been spent to date?

**Mr. Barnes:** To date I do not know, but I am saying that of the new money we would reckon on \$3.2 million out of the \$3.75 million being spent, based on what is opened at this time.

**Mr. R. F. Johnston:** By March?

**Mr. Barnes:** Yes. All spaces available will—

**Mr. R. F. Johnston:** Is this for subsidized spaces?

**Hon. Mr. Drea:** It has all been allocated.

**Mr. Barnes:** They have all been allocated and they are all opened.

**Mr. R. F. Johnston:** And now there are 1,500. Where are they?

**Mr. Barnes:** I can find that out for you; I think we have it.

For demonstration and pilot projects, which are the family group care demonstration projects; informal care pilot projects and private home day care projects, guidelines have all been distributed. They were distributed in July. We have proposals coming in and we will be reviewing the proposals and allocating the project's money between December 15 and January 15, depending on the region and the speed with which we get in the proposals.

**Mr. R. F. Johnston:** How many proposals do you have in at the moment?

**Mr. Barnes:** On that particular one? Demonstration and pilot projects?

**Mr. R. F. Johnston:** Right.

**Mr. Barnes:** For informal care pilot projects, we have 18 in central, one from the southwest, five from the southeast, and none at this moment on that particular one from the north. For private home day care, we have four at this moment in central, one proposal from the southwest and three letters of interest, one proposal from the southeast and four letters of interest, 10 letters of interest from the north but no proposals actually received yet.

**Mr. R. F. Johnston:** Were these proposals received before the guidelines or since?

**Mr. Barnes:** Since the guidelines were sent out. On family group care, we have not had much reaction to that one at all. We got a couple of letters of intent, one from the southwest and one from the southeast; so there does not seem to be much interest in that one at this time. The one on which we have had the most interest is capital operation startup assistance.

**Mr. R. F. Johnston:** When did you actually develop your guidelines?

**Mr. Barnes:** These took longer. They were



distributed in October, about three weeks ago, I should think.

**Mr. R. F. Johnston:** Were they distributed before I asked the question?

**Mr. Barnes:** At about that time or just before, I think. They were distributed a week before or something like that.

**Hon. Mr. Drea:** Mr. Thomson is here. He can tell you.

**Mr. R. F. Johnston:** Was it the Friday before by any chance?

**Hon. Mr. Drea:** No, it was not, Mr. Johnston. They had gone out.

**Mr. Barnes:** They had already gone out, I do know that. The level of interest is such that we have received 30 letters of intent from central and nine proposals.

**Mr. R. F. Johnston:** Before or after; since the guidelines?

**Mr. Barnes:** These are in response to the guidelines.

**Mr. R. F. Johnston:** This is capital startup?

**Mr. Barnes:** Yes.

**Judge Thomson:** We had received most of those in advance of the guidelines going out. People were indicating an interest and a request for funds even though the guidelines had not gone out.

**Mr. McClellan:** When exactly did the guidelines go out?

**Mr. Barnes:** I can find out the day for you.

**Mr. R. F. Johnston:** Do not do it by checking the answers.

**Hon. Mr. Drea:** They went out before Mr. Johnston asked his original question which I did not think was on a Friday, I thought it was on a Monday. It does not matter. Were they not out before then?

**Mr. Barnes:** Yes.

**Hon. Mr. Drea:** That is what he wants to know.

**Mr. R. F. Johnston:** I would like to know the date.

**Mr. Barnes:** Let me find out.

**Mr. R. F. Johnston:** Why did it take so long to get these guidelines developed and out when there was obviously an interest that was expressed it, as I understand it, by a number of letters over the summer from a lot of groups here in the central region? I do not know about elsewhere.

**Judge Thomson:** Perhaps I can speak briefly to that. In all of the areas but capital startup, we

were able to get them out on the dates we had announced in the spring we would have them out; I think it was by July we had all those guidelines out.

In this particular area, as I understand it, we asked for help to put together those guidelines from someone who produced a poor set of guidelines, and we had to rewrite them. There were also some issues we needed to address about the extent of the resources we would provide any one agency, such as whether we would be looking at some of it being pay-back money which we could put back into a fund to be able to flow to other people in the future and whether there was going to be a maximum amount we would pay. Some of those issues we looked at and needed to resolve before the guidelines could be got out. Basically, that produced some delay that otherwise would not have occurred. I think the date we originally hoped to have them out was sometime in August, but we lost two months because of that.

**Mr. R. F. Johnston:** What is going to be the situation with all of these projects, including the capital construction and the others we just went through, as far as the actual spending of the money that has been allocated within this year?  
3:40 p.m.

**Hon. Mr. Drea:** When the announcement was made, those were annualized figures; the ministry always does that for rather obvious budget purposes. The appropriate moneys will be spent on the proposals with the basis in the next year's allocation. It is an annualized figure.

**Mr. R. F. Johnston:** If the money is not spent by March whatever, it would be put in the next year's budget. Is that what you are saying?

**Hon. Mr. Drea:** No, not necessarily, because we have the money in next year's budget anyway.

**Mr. R. F. Johnston:** As in the case where you are only going to be spending \$3.25 million this year instead of the \$3.75 million for the subsidized places, it is possible there may be an underfunding of all of these this year.

**Hon. Mr. Drea:** Not necessarily in underfunding, Mr. Johnston. When the program was announced, it was announced on a cost basis on an annualized figure. In order to achieve that annualized figure, every one of the initiatives would have had to start at April 1. The provision of spaces commenced right at the start of the fiscal year because that was through the municipalities and so forth. So it is really meeting the needs of a program. I suppose if you did not

want to put the figure in, you could announce the following initiatives and that the initiatives were being met.

**Mr. R. F. Johnston:** I guess I could put it this way. First of all, the announcement was made in December of last year.

**Hon. Mr. Drea:** Yes.

**Mr. R. F. Johnston:** It mentioned very specifically \$10 million being spent this year and being put in, as you say, as part of the overall budget for later. I do not disagree with that.

**Hon. Mr. Drea:** If it all started April 1. It was on an annualized basis. The ministry does not start breaking it down and saying that if it starts in July, for instance, we take three quarters of that. For budget purposes, we give an annualized figure.

**Mr. R. F. Johnston:** I understand that. What I am saying is that when something is announced in December, the expectation on the part of those who are receiving and are going to be delivering service is that they are going to get a shot at this. Here we are, almost a year later, and the guidelines for the capital construction and startup funds have just gone out in the last couple of weeks.

That is certainly not meeting the expectations of those people who, in my view, were getting pretty riled up last December about the lack of day care spaces and were neatly assuaged, if I might say so, by this \$10-million program being brought forward that was going to speak exactly to the subsidized spaces and to a number of other concerns. Yet the money has not yet been spent except in terms of the subsidized spaces. Even there when it was a startup from the beginning of March, I gather—

**Hon. Mr. Drea:** Whoa! He may want to talk to that. On the cost of spaces, you have lumped something else in there.

**Mr. Barnes:** We allocate the money for the subsidized spaces. The issue then arises as to whether the municipality, upon receiving the allocation, actually purchases those spaces or opens those spaces immediately. Some of them wait until September before they open. In this instance, virtually all of them were opened very near to April 1 because we are very close to the \$3.75 million by spending \$3.2 million. Inevitably, some municipalities take longer than others to actually use the money we give them to open day care spaces.

**Mr. R. F. Johnston:** Were you expecting that?

**Hon. Mr. Drea:** No.

**Mr. Barnes:** It varies. Sometimes they do and sometimes they do not. However, \$3.25 million out of \$3.75 million is pretty good.

**Hon. Mr. Drea:** He asked if we were expecting it. On the basis of the comments you made a moment ago, the answer is no. The municipalities were all at the door saying, "Allocate more spaces." The spaces are allocated and, suddenly, some municipalities have become slow.

**Mr. R. F. Johnston:** Toronto, I presume, filled its pretty quickly.

**Mr. Barnes:** Yes.

**Mr. R. F. Johnston:** Ottawa?

**Mr. Barnes:** Yes.

**Judge Thomson:** Those two municipalities move very quickly. Toronto had the spaces allocated and filled within the first two months in the year.

**Mr. Barnes:** Literally within weeks.

**Judge Thomson:** We allocated money as part of last year's budget so those that could start could begin in January. Toronto, in fact, had its spaces on before April 1.

I would mention, Mr. Johnston, we knew at the very beginning that the initiatives would not all come on board in terms of full year cost before we even started the year. In fact, we sent out a document telling everybody when we felt the guidelines would be out so people could make proposals.

**Mr. R. F. Johnston:** When did you do that?

**Judge Thomson:** That went out about March. We sent out a document giving all of the dates we hoped to meet as far as sending out the guidelines was concerned. The one we ended up being late on was the capital startup. We gave that the least priority in getting out the guidelines because that is one-shot money, which we have a better chance of being able to spend in a short part of the year, whereas the other money is so-called annualized money. The earlier we get those on board, the more will be spent this year.

We did know all of those areas in which we would not spend the full amount, really the difference between the \$7 million and \$10 million we got, but we knew by the end of the year we would have made decisions that would lead to spending that full sum of money over a full year.

**Mr. R. F. Johnston:** An announcement was made in December that \$10 million was going to be spent, and not until March—I would hate to

ask if it was after March 19 or not, God forbid—do we find out that a lot of these things are not going to be available to them until July.

**Mr. Barnes:** May I interrupt here, Mr. Johnston, because it is important to make another point? Even though we might not be able to spend all the money in the year, we felt it important to get firmly established in our base \$10 million for day care. We got that firmly established; it is there. If we had not have done that at that time and had said we wanted \$6 million this year, we would have had that much more difficulty perhaps in persuading the Treasurer (Mr. F. S. Miller) to allocate to us another \$4 million this year. So there is some virtue in the fact that we went for what we could spend on an annualized basis, got it fixed in our base and got it there. This is important.

**Mr. R. F. Johnston:** It would be interesting if that had been also spoken to in terms of the announcement.

**Hon. Mr. Drea:** Why did you not ask the question?

**Mr. Barnes:** In March we did indicate that the letters of our proposal would be going out. Unless we started spending the money on April 1, we were not going to spend it all.

**Mr. R. F. Johnston:** But the statement was brought out in December. Let us remember that.

**Mr. Barnes:** Yes.

**Mr. R. F. Johnston:** The statement did not say, "A lot of these things will not be going until next July and maybe we will not get our construction program and guidelines really straightened around until October. That means that by the time we get in the number of requests we want to go through, it may be Christmas or January of next year before we actually start this program." It did not give that kind of an indication.

It gave an idea that you are committed to day care in the long term and in the immediate term are going to move on these initiatives because this is a concern out there in the community. That is quite different from the approach that you are telling me about, which is this phase-in kind of thing over the summer and winter, and God knows when at this point.

**Hon. Mr. Drea:** But you do not want to drop the money out there when there is nothing there. That would be ludicrous.

**Mr. R. F. Johnston:** No. I would do one or two things. I would rather have the information to

the public made pretty clear as to when they could expect their money, or have the process speeded up so they could get their money in time. That is what I would have appreciated of the two things.

Can I go back to some of these projects that are in at the moment? How are you going to decide on where capital construction is to be done? Are you breaking it up by region?

**Mr. Barnes:** We have allocated the money by region and we are asking our area managers to select on the basis of the most likely ones to succeed, the most likely ones to get on, and the ones they feel are worthy of support in terms of numbers of existing day care spaces available to families and so on.

**Mr. R. F. Johnston:** Is it 30 requests you have had to date?

**Mr. Barnes:** I was just going through them. Are you talking about startup assistance?

**Mr. R. F. Johnston:** Yes.

**Mr. Barnes:** Can I just give you letters of intent and proposals by region? To date we have received 30 letters of intent and nine proposals. In the southwest, there are 13 letters of intent and six proposals; in the southeast, 16 letters of intent and five proposals; and in the north, 10 letters of intent.

**Mr. R. F. Johnston:** How many of these are coming from nonprofits and municipal?

**Mr. Barnes:** I cannot give you that but I can find out.

**Judge Thomson:** In the capital startup area, as I understand it, the guidelines require that the proposals come from nonprofit centres. In the other areas, for example, support to informal arrangements, that is open to anybody who can come up with an inventive and, we hope, an innovative way to support the private arrangement. A municipality could be making a proposal there. Anybody could be making a proposal there.

**Mr. R. F. Johnston:** You said it was easier to get rid of the money in terms of capital startup because it is a one-shot thing. Does that mean that amount of the \$10 million will not be in next year's budget?

**Judge Thomson:** No. It only means that is an area where one continues to have funds available for that kind of one-shot funding.

**Hon. Mr. Drea:** The unit can only receive it once.

**Mr. Barnes:** So we repeat.



**Mr. R. F. Johnston:** On what basis have you made your regional decisions? Is it on an equalized basis, or am I presuming that you will be responding to the number of requests as well?

**Mr. Barnes:** We have made the initial allocations of funds fundamentally on an equalized basis.

**Mr. R. F. Johnston:** I see. You can divide this by regions.

**Mr. Barnes:** No. They are going to report back to us on the sort of proposals that are coming in, what they look like, whether this is a valid basis, the level of interest, and so on.

**Mr. R. F. Johnston:** Have you any thoughts as to why there has been such a low response at this time to the family model?

**Mr. Barnes:** I have not, no.

3:50 p.m.

**Judge Thomson:** One of the reasons is that two municipalities, one in the north and one in the southeast, the Thunder Bay and Kingston areas, had already expressed an interest in trying to experiment with that model. Both indicated an interest in trying that model; so at least in rough form they had a proposal already prepared. They are the ones that were able to react fairly quickly, and thus become hot prospects in terms of response, because they had thought through the issue of how one could develop this model of care, while also providing the kinds of protections around quality and service that are necessary to make it a viable model to use.

**Mr. R. F. Johnston:** But, as yet, there is no pattern or no letters coming in saying why they are having difficulty responding to this. Has it anything to do with the guidelines you have sent out? Are they available by the way? Could I have copies of the various guidelines?

**Mr. Barnes:** Absolutely. I do not have an answer to that at this stage, but it is certainly a question I am going to be asking when we have seen the sort of proposals that come in and I have asked around a little as to why the level of interest was more in one case than the other. A lot of people have been attracted by the startup assistance. There is no question of that. Their interest has probably stayed with that more than anything else.

**Mr. R. F. Johnston:** The response is probably to a more immediate situation.

**Hon. Mr. Drea:** There is some caution in that also because the general economic costs are

having some people tread cautiously. In other words, the startup money may be one thing, but the interest rates have slowed things down a bit, just as in everything else. People may still have the idea, or want to proceed, but they want to see what they are getting into because it is only seed money.

**Mr. R. F. Johnston:** How does it work exactly? What are the general guidelines for startup money from the ministry for initiative and capital construction? Is it a percentage of the cost? How does it work?

**Judge Thomson:** No. I am speaking a bit from memory here, but we did not set an absolute ceiling on what was available. We gave an indication of the kinds of things we would cover, which would be basic renovations and some early operating costs. We wanted some indication of the viability of the operations so that we would not be starting something that did not seem to have a prospect of continuing on an ongoing basis, and it had to be nonprofit.

**Mr. R. F. Johnston:** It is not for replacement. It has to be new?

**Judge Thomson:** Yes. The goal was to have it all go into new operations.

**Hon. Mr. Drea:** One of the things I wanted looked at, Mr. Johnston, was that maybe one of the tests on the viability might be looking at it in terms of an interest-free loan over a prolonged period of time so that we would have a revolving fund that constantly grew. It was not so much the accumulation of capital as making sure that the particular day care spaces would continue.

This has been a significant problem in a large part of the province—people starting off and then descending upon the municipalities saying they have to close tomorrow. All the municipalities do is zone, but we license, et cetera. It is of some concern by the municipalities that if something goes wrong, the problem is thrust upon their doorstep on about five minutes' notice. There really should be some tests as to viability because they do not want to get into, nor can they get into, restrictions by zoning. Our licensing really is not under viability. Our licensing is under standards, and quite properly so.

**Mr. R. F. Johnston:** How much of the money have you decided you would like to have in a revolving sense?

**Hon. Mr. Drea:** We have not decided. That was one of the things Mr. Thomson mentioned. Rather than having, particularly at this particular time, a great number of people getting

startup capital, seed money and money for the purchase of the equipment—and there is no question that you have to have startup costs to get you over the hump to start—and then finding it extremely difficult and landing on the municipality's doorstep, in order to make sure they were viable, we would rather have over a prolonged period, not a month or something like that, something built into the cost by which they gradually repaid some of that money so that, in addition to the regular money, we would have an augmented revolving fund.

**Mr. R. F. Johnston:** And this would be for the startup cost rather than the construction costs?

**Hon. Mr. Drea:** Yes. Could we just explain it? It really was not so much to get a revolving fund as to try to get a handle on it, if someone was starting one of these, to show he had paid some attention to what was going to happen after the first 60 days. Otherwise, we would be concerned. It is one thing to provide the startup money, but what is the point if the place is not going to be viable after a period of time? All we would do is start to provoke hostility in the municipalities.

Some of them want us to get out of the business, particularly the licensing. They want to license at their own standard which, at the moment, as I pointed out yesterday, is not a negotiable matter. They have some fairly valid complaints. On the one hand, the council sees in the fullness of time the application for zoning to put in a day care centre. According to the zoning, that is fine, but viability is not really a question of zoning.

Our licence is on the basis of quality. Nobody has been looking at the viability. Therefore, they are constantly being put under the gun—here is a place closing with 15 spaces and so on—and they tend to say, "Nobody ever came to us about where we are putting subsidized spaces." It may be the wrong area of town for instance.

**Mr. R. F. Johnston:** I just want to be clear how specific your criteria are for them and if you have yet decided how much of the money is being given in some variation of a forgivable loan.

**Hon. Mr. Drea:** I think it is fair to say that it is probably going to be grant money. There won't be any repayment.

**Judge Thomson:** I was trying to indicate an issue that we were trying to resolve. We looked at it and discussed it at some length because we liked the idea that we could recycle as much money as possible.

**Hon. Mr. Drea:** Bear in mind that when these discussions were going on the interest rates were substantially higher. A lot of things were substantially higher a couple of months ago.

**Mr. R. F. Johnston:** And now that is not a factor?

**Judge Thomson:** No. There is nothing in the guidelines that indicates any of it needs to be repaid. But that was an issue we discussed because of the value of trying to recycle that money and starting more and more programs.

**Hon. Mr. Drea:** Based upon our experience in the first round, it may be something we will want to do later on, but for these purposes, no. Part of the problem is the general economic condition, which is very volatile. Our concern was that if we put in any kind of a repayment, whether it be interest-free or not, or whether we made it over two, three or four years, this might provide a substantial deterrent and people would not even begin to look. I think there are ways you can test for viability.

**Mr. Sweeney:** Mr. Chairman, my question is really to the minister and perhaps some of the staff. The direction of the conversation has been about innovative ways to encourage new day care places. At the present time, work place day care, at least in this city, has only three outlets, Riverdale Hospital, city hall and, I think, the Toronto school board.

There has been a lot of discussion among some people in business and industry about the possibility of work place day care. I am not necessarily talking about the subsidization aspect of it. What is the ministry doing to encourage it, to meet with people, to provide some guidelines and direction as to what could be done? Have you done any research on work place day care in other jurisdictions to see whether or not it is feasible, acceptable and meets the parent's needs? Where are we at in that whole issue? If we want to talk about innovation, it seems to me there is a vast untapped potential.

**Judge Thomson:** Perhaps, Mr. Sweeney, I could begin. We have done a fair amount of looking at that and the initiative relating to startup. We specifically said that we were hoping to make use of those dollars primarily in two areas, the use of school space and employer-based day care, that is, day care that employers would be setting up on a nonprofit basis for their

employees. Whether it would be at the work site or closer to where the workers live would be an issue to be left to them.

4 p.m.

**Mr. McClellan:** You are insisting that it be nonprofit?

**Judge Thomson:** We are insisting that those funds go into nonprofit organizations.

**Hon. Mr. Drea:** That is not the question he asked you.

**Mr. McClellan:** No. He just mentioned that in passing and I—

**Hon. Mr. Drea:** I just want to make it very clear that when we are talking about providing funds, it is nonprofit. In others areas nothing has changed. In this area it would have to be nonprofit, co-op, municipal or whatever.

**Judge Thomson:** We have done a fair amount of looking at what has been tried elsewhere. The experience has been mixed across North America. There is not as much employer-based day care as you might think. One of the most valuable things that happened this year was a conference that was sponsored primarily by Child in the City, where we reviewed a lot of that literature. It was a very valuable thing and it brought people together to help see how one could develop such a program. I am hoping some proposals will come from that.

In addition, we know of a number of organizations. One is a private home day care agency in this community that I mentioned yesterday, which is at present negotiating with at least three employers—two of them very large—about the possibility of their establishing such child care.

One issue that arises is the size of operation you need to ensure that the spaces can be filled on a full-time basis. It requires a fair-sized employer or a group of employers getting together.

A second one is where should the day care be? Should it be close to the neighbourhood where the people live, or should they be bringing their children to day care at work or near work? That issue is subject to a lot of debate. In developing the guidelines for the funds, we have not said that day care has to be on the employment site, but we have indicated our eagerness to hear proposals which would involve a company making that kind of decision and getting it going. However, it would be a fee-paying operation once it was up and running, the fees being paid for by the employees,

although there might be something in the negotiations with the employer which would determine how payment was made.

The experience in other jurisdictions has been somewhat mixed. It has depended on the initiative of some employers. It has depended upon the initiative taken by some individual unions, and in some areas they have moved fairly rapidly. We are hoping that this will be an impetus to starting that kind of development here on a larger scale than has occurred so far.

**Hon. Mr. Drea:** As to location, Mr. Sweeney, I do not think we will ever come to a firm province-wide standard. In a smaller community it is not much of a problem, but it is in a place where you draw employees from across Metropolitan Toronto or even from Kitchener or Cambridge and so on. Therefore, it has to be flexible. No two groups of employers have exactly the same pool, geographically, from which to draw.

**Mr. Sweeney:** Given the relatively small number—in a city the size of Toronto there are only three I am aware of—it seems that there is some stumbling block somewhere. I am just wondering what it is, and that was the thrust of my question.

**Hon. Mr. Drea:** When you talk about day care in the work place, I think one stumbling block is concern that we may be going to the European model, particularly that in the Eastern bloc countries where day care is part and parcel of the factory or shop. A great number of people in Canada find that not acceptable.

Secondly, many of the larger industries which could provide it—auto plants and so on—do not have that much of a female component. Thirdly, when we get into areas which I think have a very large female component, such as finance and commerce, the number of employees per unit of operation tends to be somewhat lower and, therefore, I think the employers are somewhat intimidated by the logistics of the problem. It is fine to say they may have 3,000 female employees in Metropolitan Toronto of which 2,500 have young children, but when you start considering six, seven or eight in each branch, what do you do?

With regard to the question of the service businesses, which tend to have a relatively large female component, the question was raised yesterday whether we would subsidize groups of businessmen to come together to provide a day care facility. I do not mind helping them to



co-ordinate their activities, but I think groups of businesses can come together on this with their own funds.

**Mr. Sweeney:** You referred to the logistics. I wonder if your investigations have indicated that simply getting the thing started and running—hiring the people, designing the space, et cetera—may be one of the blocks. I can imagine a businessman or corporation looking at the possibility and saying: "It would be just too much trouble to get it started up. Where do we go for a precedent?"

I wasn't thinking so much of you financing it—

**Hon. Mr. Drea:** No, I wasn't suggesting that.

**Mr. Sweeney:** —but maybe assisting in the organization, the startup—

**Hon. Mr. Drea:** We are doing that.

**Mr. Sweeney:** —the management, the design, and the training and acquiring of staff.

**Hon. Mr. Drea:** The acquiring of staff is really not for the ministry to do.

**Mr. Sweeney:** I am not saying you should do it.

**Hon. Mr. Drea:** And I know you did not suggest the funding; that was suggested yesterday. I just wanted to make that clear again.

There have been companies with a very sizeable female component that have recognized it as an integral part of their personnel policy and have proceeded. There are others that do not see it as a personnel matter in the broad sense.

When you talk about using the collective bargaining table—we went through this yesterday and with Mr. Pilkey earlier—maybe not about setting it up, but taking into account how many cents or tenths of cents an hour would be required to pay the cost for those who are eligible, the point is raised that two out of three people in the province do not have formal collective bargaining and that the bulk of the female component is in that particular area. While it may be feasible for the United Auto Workers and the steelworkers in the big mills to do it in their broad-scope agreements, the number of females who would actually be eligible and benefit from it is relatively low.

Collective bargaining on fringe benefits is somewhat more difficult in an industry such as textiles where there is unionization and a sizeable female component. The industry agrees that it has a role to play in this if it is a personnel matter, and one would reasonably think some-

one in their enterprise would come forward either to ask that the municipality or the province be approached for assistance. The stumbling block is that with some exceptions not many consider this to be a thing they really want to get involved in at this time.

Fringe benefits in small businesses can be handled in the same way as they are handled in the construction industry, by pooling together and having a common fund. Then they could decide whether they wanted it, the number of places they could provide and so on. It would be a matter of what the market would bear. But I really do not think the taxpayers should get into the question of subsidizing businessmen to meet their personnel requirements.

4:10 p.m.

**The Vice-Chairman:** Mr. Johnston, have you finished?

**Mr. R. F. Johnston:** I thought that was a supplementary on the construction side of things. I am still on construction.

**The Vice Chairman:** I still have quite a substantial list of questioners. I will recognize Ms. Fish, who has a supplementary, and then come back to you and the other members who wish to speak.

**Ms. Fish:** When we established the place-of-work day care centre for Toronto city, we put together an information kit that explained the steps and the sorts of considerations that we as an employer had to deal with, particularly the process we followed of working co-operatively with our union representatives in this development. I am a bit out of touch over the last few months with how that stands, but there were a number of requests for that information kit not only from other government agencies, but also from the private sector.

A number of inquiries, particularly from the private sector, went to the ministry, which recommended that they get in touch with the city of Toronto. The ministry was aware that we had done a fair bit of work not only in breaking ground in the area, but also in putting together some information. My first point, which is also a question, is whether that is still happening because it strikes me that that may be one aspect of getting information out.

My second point comes together with my first point, so let me ask this one as well before the minister responds. At the time the city was going through this exercise, we found a very high level of interest on the part of CUPE. We were very pleased with the co-operation of the

CUPE locals in the city of Toronto and their national pickup of the information on place-of-work day care.

I spoke to CUPE people about the matter of extending the notion into the private sector. Several of them indicated that a number of unions, which were predominantly male in their membership, did not seem to be interested either in setting up something on a nonprofit basis or in introducing it through their collective bargaining.

The conclusion on the part of some CUPE members seemed to be that that lack of interest, if I could describe it as such, was perhaps reflective of the attitudes of society at large, which seemed to suggest that it was for women employees and not for men employees, through their strong male-dominated unions, to initiate and bargain for a day care centre at the work place that could well accommodate their own children, even though they might be married and not single parents. Where their wives were working, there seemed to be considerable reluctance in having the day care located where the father was working rather than where the mother was working.

My question is whether that is a pattern that has been evident to you or to your staff, or do you feel my information might now be dated?

**Hon. Mr. Drea:** I think it depends upon the individual local; I do not think there is a pattern. Collective bargaining always runs in cycles. There are times when the top priority of the bargaining unit is wages. At other times, wages are not the entire thing, and they want to look at a number of fringe benefits or the improvement of fringe benefits. I would suppose that in today's economic climate cash appears to be the preoccupation.

As I said yesterday, I suppose that Jean-Claude Parrot in his indefatigable manner will bring it to fruition. I find it strange that a union which brought in paid maternity and paternity leave has not yet raised this issue. Presumably, when he and Mr. Warren sit down the next time, the matter will come up. I do not know what the breakdown is, but the post office has a sizeable female component as well as a very sizeable male component, and their union organization appears perfectly prepared to not be paid for periods of time in order to achieve bargaining goals.

In fairness, in collective bargaining the priority comes from the membership and issues have to be weighed. You are probably right that in a predominantly male sector of the economy this

would be considered a woman's issue. On the other hand, the argument is put forward that the labour organizations which deal predominantly with female employees do not have the bargaining strength, or represent people in an industry that does not have the profitability or the stability perhaps to take the strong action that is accepted as normal in male-dominated unions.

I think this is only part of it, however. You have to bear in mind that two out of three people do not enjoy formal collective bargaining, and most of these are women. They have various forms of protection, but they are not formalized generally. Most of them work for relatively small employers and, in the case of national chains, for example, in relatively small units.

**Ms. Fish:** Or banks in the illustration we were given.

**Hon. Mr. Drea:** Or brokerage houses or supermarkets. There are not many in any one supermarket. If you take a look at the grand total in a metropolitan area, the numbers are there, but where do you put the site? Should it be close to the work place or to the home? The people who are using the service are very divided on this. If they use public transportation to go to their place of employment, they tend to prefer day care that is close to home. If they use private automobiles, they tend to favour day care services close to their employment.

4:20 p.m.

That again is what I think Mr. Sweeney has been alluding to, that you do not start out by asking how many employees of an organization take public transportation and how many drive or how many walk or where they live. These sometimes get into logistical things. It would seem the easiest answer is to allocate part of the money that theoretically would have gone to wages and let the person find the service in the most accessible form to that person, whatever his preference is.

**Ms. Fish:** In terms of information about place-of-work day care, when I was asking my first point about referrals that certainly had gone down to the city of Toronto experience, do the guidelines referred to earlier by Mr. Johnston form an information package, if you will, for either employee groups or employers or employer groups who would wish to make inquiries about how one goes about setting up place-of-work day care? Does the ministry now have that in a form to which it could respond to such requests?

**Judge Thomson:** I might say that we have been relying specifically upon the document that was produced by the Child in the City people for that conference. My feeling is it was one of the best documents I have ever read on the issue and we did not think we could improve upon it. We have a number of copies and we are also referring people to them in order to obtain that document because it is an excellent document and gives more guidance, I think, than anything else I have read at any rate.

**Mr. McClellan:** Including Burton White?

**Mr. R. F. Johnston:** Is it moderate enough for you?

**Judge Thomson:** On the issue of work-related day care it is better, definitely, than the work of Dr. Burton White.

**Mr. Koly:** I think one of the problems of having the day care at the work place is the idea of sometimes having to take the children all over town. If you had to travel an hour to work when you go, it would mean you would have to bring the children with you. Again, you have the problem that you would be bringing them in from different parts of the city to one spot, and it seems to me that the children would have to be travelling more and more instead of trying to keep day care close to the home.

**Hon. Mr. Drea:** That is what I said in reply to Mr. Sweeney. It is very difficult to get a universal model for the whole province. If you are in a community of 15,000 or 20,000, then it is not a problem. Everyone is relatively close to his place of employment. It is when you get to someone living in Mississauga and working in the region of Durham that you run into that kind of problem.

But then, by the same token, there are lots of people living in Mississauga who work in Mississauga, not too far away. Also, people have preferences. As I say, if they are on public transportation, yes, it takes longer. Secondly, if they have been used to driving their cars or want to drop off a spouse or something else, they may tend to want it somewhere different.

I do not think you can set up an absolute model. As I say, the European model, particularly in the eastern bloc where it is attached to the industry, is one of which I guess the best I can say is most people in Canada raise their eyebrows at it very significantly.

**The Vice-Chairman:** Mr. Johnston, did you want to pursue your original questioning?

**Mr. R. F. Johnston:** I did want to draw to the

chair's attention that the other day we were talking about hostels and you said that Mr. Anderson—

**Hon. Mr. Drea:** He is and he was here.

**Mr. R. F. Johnston:** He is and he will be coming back in. I wanted to draw to your attention to the fact that as he is here today—

**Hon. Mr. Drea:** He came yesterday by mistake.

**Mr. R. F. Johnston:** —I would like him to respond to the questions. At some point, rather than keeping him here throughout the whole discussion of the children's services, perhaps it would be a generous thing to have him—

**Mr. Riddell:** We are on day care centres now.

**Mr. R. F. Johnston:** Yes. This is just an announcement that he is here and that at some point, while we are in the middle of our concerns about children's issues, we should allow him the chance so he does not have to come back each day.

Going back to the construction and startup funds, if I might, can you tell me at the moment what the value is of the proposals that have been put forward? What is the total of what they are requesting at this point?

**Mr. Barnes:** The day care proposals? The startup costs?

**Judge Thomson:** We know how much we have to hand out, but I cannot tell you the exact amount of the proposals thus far received.

There is a tremendous difference so far in what we have received from different regions. In all of the initiatives, we have proposals which are probably at least equal to the amount we have to hand out. We have that in the central region and in some of the other regions we are falling short so far. As I understand it, in the capital startup we have at least proposals that would match the amount of money we have to hand out. In all likelihood we have more proposals than the total number of dollars that we have for central region.

**Mr. McClellan:** You have just started getting them.

**Mr. R. F. Johnston:** You have only got them for the last three weeks.

**Judge Thomson:** No, we have a large number we received earlier than that. In fact, so far all the ones we have received were in advance of the guidelines. For example, we talked yesterday about the requests from the board of education, and we have had that for two or three months now.



**Ms. Fish:** Can I have clarification on that answer? I think I heard you say, Mr. Thomson, that you are falling short in terms of some of the proposals. Did you mean that in other than central region the proposals seem to be short of the moneys you have to give out, or the other way around?

**Judge Thomson:** That is right. In the other regions we do not have proposals which, if you added up what they are asking for—at least this is my latest information—would add up to the total amount we have to hand out.

**Ms. Fish:** So you have more to hand out, it appears, than you have proposals in front of you.

**Judge Thomson:** I was at a meeting this morning of the OMSSA training group, where we went through each of the initiatives, and people from other regions had not seen our eagerness to have them in as fast as we had been asking for them. So it may be just that they have not geared up to send them in the same way they have in central region.

**Mr. R. F. Johnston:** They had not expected the guidelines to be approved so quickly.

**Judge Thomson:** That was probably it. It was the unexpected nature of the fast process. In those other regions they are still falling short of the dollars.

**Mr. R. F. Johnston:** If they continue to fall short over the next number of months, would you consider not having the allocation for this year go equally by region but have transfers of that money to other regions where the demand is higher?

**Mr. Barnes:** Yes, we certainly would.

**Mr. R. F. Johnston:** When will you be making those decisions? In January?

**Mr. Barnes:** I think it is too early to say whether or not we are going to fall short in the regions because some requests may well come in yet; they may need a bit of extra time to do it.

**Mr. R. F. Johnston:** At the moment in all of these things, as I recall, you had letters of intent, and this is the whole range of initiatives, but no proposals from the north yet. Is that right?

**Mr. Barnes:** That is correct.

**Judge Thomson:** I think in at least one area, the private arrangements, we have neither letters nor proposals from the north.

**Mr. R. F. Johnston:** From the north there was one letter of intent for infant day care and 10 letters on private-home day care, were there?

**Mr. Barnes:** No, 10 for startup assistance and 10 for private-home day care.

**Judge Thomson:** But there were zero letters or proposals on the informal care area and zero in the family-group care area, which sets aside the point I was making earlier that I thought one of the two family-group care areas was Thunder Bay.

**Mr. R. F. Johnston:** How many are French-speaking?

**Mr. Barnes:** I do not know.

**Judge Thomson:** We can find that out for you.

**Mr. R. F. Johnston:** When you are working on these figures in terms of the startup costs and the construction costs, is one of the criteria the amount per space, what new space has been created?

**Hon. Mr. Drea:** Obviously, a reconstruction in Metropolitan Toronto or whatever is probably far more costly than it is in another locale. Indeed, if it is in a core area, any large place is more expensive than if it is in another area.

**Mr. Barnes:** It is a balancing act in the sense that we have in mind trying to assist in areas where there is inadequate day care now and concentrating on those. At the same time, we would like to get as many spaces with our bucks as we possibly can. I am asking the area managers to make that balance in making their decisions.

**Mr. R. F. Johnston:** In other words, there is a very broad degree of flexibility in terms of these guidelines?

**Mr. Barnes:** There is a broad degree of flexibility in terms of selection of the proposals in order to meet most need. But as to the actual guidelines themselves, the idea is that the money should be spent in the context of those categories we have identified.

**Mr. R. F. Johnston:** There was \$450,000 allocated for infant day care, as I recall. How much of this has been requested in proposals to date?

4:30 p.m.

**Judge Thomson:** Once again, I have a breakdown of the number of proposals we have received. I am not sure what those add up to. I know four or five private-home day care agencies in this region that have made proposals. There is a smaller number in each of the others,

although the private-home day care operators are bunched more in Toronto, Ottawa, Thunder Bay and, I think, a couple of other areas—more than anywhere else. We were expecting to get more proposals from there.

I do not know what they add up to in dollars. We would have to check with each of the regions to find out what the total is.

**Mr. R. F. Johnston:** Are they private profit or private nonprofit?

**Judge Thomson:** To the best of my knowledge, most if not all of the proposals we have received have been from nonprofit private-home day care agencies.

In Toronto, all the ones I know about that I can think of off the top of my head, are all nonprofit. I do not think the guidelines specifically dictate that only a nonprofit, private-home, day care agency can apply, so there may be a proposal in there somewhere from a profit-making, private-home, day care operation. I cannot say there is, but there may be.

**Mr. R. F. Johnston:** One of the other proposals in the initiatives was for more spaces for handicapped kids within day care. It appears that some of the information I was given by people in the ministry was incorrect, according to your answer.

**Hon. Mr. Drea:** Your mole has been turned.

**Mr. R. F. Johnston:** My mole has been turned? What do you mean by mole?

**The Vice-Chairman:** Can the minister call you a mole?

**Hon. Mr. Drea:** No, I did not say that. I said his mole has been turned, as they say in the trade.

**The Vice-Chairman:** What trade?

**Mr. R. F. Johnston:** We do not have a mole. I do not know what you mean by a mole.

Interjections.

**Mr. McClellan:** We phoned the ministry for information. It is very straightforward. There is nothing clandestine about it.

**Mr. R. F. Johnston:** Not at all.

**Hon. Mr. Drea:** Then I do not understand why, if you called one of them, you would not have got the very same answer as when we called, unless there is some confusion.

**Mr. R. F. Johnston:** There was a lot of confusion, let me tell you, just to find out the amount of money you had actually spent on the subsidized basis.

**Hon. Mr. Drea:** Do you want our cheques? Do you want the cheques for the handicapped? I only gave my figures up to September 30 on the cheques that were cashed. It was \$76,000, was it?

**Mr. R. F. Johnston:** That was in Metro, right?

**Hon. Mr. Drea:** Yes. In addition, I do not understand why, if you were calling around to the offices, whoever was doing it for you, why there was a question on the other eight, because they have been working very hard on it to provide more.

**Mr. R. F. Johnston:** I phoned several people. Just to get the basic information that we had about the guidelines as they were, we talked to maybe eight or nine different people. One of our difficulties was that we got different stories and different statistics from all of them.

**Hon. Mr. Drea:** It depends on whom you called.

**Mr. R. F. Johnston:** These were not moles. I called Peter Barnes as well and he is not exactly—

**Hon. Mr. Drea:** Ah ha. The mole is uncovered.

**Mr. R. F. Johnston:** I do not believe that you meant he was the one who was turned.

**Mr. Barnes:** Feel my teeth.

**Mr. R. F. Johnston:** His information, I must say, was what yours was.

**Hon. Mr. Drea:** I do not know who made the phone calls, but I think some of the people are not as familiar with very specific parts of a program as are others.

**Mr. R. F. Johnston:** Some people were supposed to be in charge of parts of the program, but that is another matter.

**Hon. Mr. Drea:** Part of the confusion may have been over a relatively minor amount of money which depended upon the MR working group allocation.

**Mr. R. F. Johnston:** I wanted to mention that the handicapped example that was given to me for Metro was that they opened up 20 new spaces in response to this program. As I understand it, they opened them up prior to April of this year, and the information I was given was that they had not received funding for those 20 spaces at that point. That would probably be coming forward from April on, so

that was not a problem, but there was going to be a problem with the money that was expended prior to April.

That was the information I was given and that was why I asked the question.

**Hon. Mr. Drea:** Can we clarify that?

**Mr. R. F. Johnston:** Yes.

**Hon. Mr. Drea:** The \$76,200 was paid for the months commencing January 1, 1981, to September 30, 1981.

**Mr. R. F. Johnston:** That was for those 20 new spaces?

**Hon. Mr. Drea:** Yes.

**Mr. Carman:** Mr. Chairman, there is a point of clarification here that I think may have caused some of the confusion as well. These spaces were paid for at the 80 per cent rate, that is, 80 per cent provincial and 20 per cent municipal. For MR spaces the cost-sharing is 87-13. Someone may have said, "We do not have all the money," but the amount of money involved there is less than \$10,000.

**Hon. Mr. Drea:** As soon as the working group budget is allocated, that seven per cent flows. At September 30 that was \$76,200, but that will be straightened out before the end of the calendar year.

**Mr. R. F. Johnston:** What has been happening around the rest of the province in terms of more spaces?

**Judge Thomson:** One point I was just going to make that leads into answering that, if I could, is that we made a change this year in the way we flow those funds for developmental day care centres, which would explain why the people you were talking to would not know to what extent our community dollars go into those programs this year. We used to keep the so-called day care money and MR on the day care side, and then we kept all our other community MR programs over in the MR side. When they were planning how to spend the new community MR money each year, the day care part would be fixed and they would have more flexibility with the rest of it.

It would mean that if a working group was saying that instead of building a community residence it would like to put more of it into developmental day care so children could stay at home with their parents, they would not have that flexibility. This year the funds for developmental day care are flowing out of our total MR community funds.

We will not know the total number of spaces

that will ultimately come on board—a lot of them come up near the end of the year and we end up then having to pay the full year cost in the next year—until all of the working groups are finished doing their planning and have made their decisions where those dollars will go. But we are expecting a fairly substantial number of developmental day care spaces to come out of the exercise, probably even more than we originally anticipated, because some of them are making decisions to take money that would have gone elsewhere and put it into developmental day care because of the family support nature of it. I think in a month or two months we can give you a better statement of exactly the amount of spaces we anticipate coming on board this financial year.

**Mr. R. F. Johnston:** That would be very useful.

**Hon. Mr. Drea:** The work that has been done by the Metropolitan Toronto Association for the Mentally Retarded in this area was something that was supposed to be coming to full fruition in the mid-1980s or closer to the end of the decade, and the fact is, if you can recall that conversation with them, that even they were amazed at their success. Now we can proceed; when they have some experience, we can proceed a lot further. There are a lot of people who, quite frankly, had some qualms. They said, "Go slowly because it may be just a bit premature. Let us work it out carefully." Their program has been very successful and we are very proud of them. It may not be in terms of numbers, I suppose.

**Mr. R. F. Johnston:** The other area on which I have slight information or misinformation has to do with the promotion and education side of things. Perhaps in my zest, because of one of the amusing anecdotes I have heard from somebody in the ministry about the possibility of a very specific ad—and I am sure it was all done as a joke for a TV ad—I want to get some clarification on that area.

The information I had, which was given to me by three different sources—and I slightly misrepresented that when I asked my question by emphasizing the TV side of it rather than just advertising and the publicity side of it—was that \$750,000 of the \$850,000 in that budget was actually going to be spent, not by the deliverers out there and put into public projects, but by the ministry for an advertising publicity campaign. That was read to me from a memo, the reading



being the same twice by two different people—once read to me and once read to somebody else, I must say, not just twice to myself—

**Hon. Mr. Drea:** It did not have my name on it.

**Mr. R. F. Johnston:** I have no idea.

**Hon. Mr. Drea:** It never got to me.

**Mr. R. F. Johnston:** I am glad it did not. I would like to know what the plans are.

4:40 p.m.

**Hon. Mr. Drea:** It would not have mattered; the result would have been the same.

**Mr. R. F. Johnston:** The information was very specific, I might say. It was to do with the fact that out of this \$100,000 that would mean that at one time it was some \$28,000 which would come to the central area, and that was to be very specifically changed to \$20,000 coming to this area. That was part of some information that was read to me. I want to know what the status of all that is, how much money is going to go out to the public to run their education programs, whether it is workshops or whether it is putting out their own pamphlets about what is available in a particular area and how much is going to be handled by the ministry.

**Mr. Barnes:** I would like to deal with this and I think I would like to do so as part of a broader question because, as you have been indicating over the last half hour, you have been concerned about the different information you have been receiving. While I do not think our communications are all that they might have been, at the same time you have to realize that we have been trying to develop the detailed plans as we have gone along and that different people have had different information at different stages of this. Incidentally, we are making sure that in the future our communications are improved on this in the ministry.

With regard to the public education, you went a little further at one stage. The rumour I caught was that we were going to spend the entire \$750,000 on a television campaign. You certainly did not get that out of any memo I have seen.

**Mr. R. F. Johnston:** Not at all.

**Mr. Barnes:** I want to allay that one immediately. With regard to how we are intending to spend the money, we had allocated \$20,000 to each region, \$25,000 on an annualized basis, for conferences, seminars and workshops around the whole issue of day care, what we are doing about initiatives, private-home day care and so

on. In addition to that, we are looking at what we should do to try to educate the public on the issue of private-home day care.

We are not looking at a major advertising campaign at all. We are trying to identify brochures and means of getting to the interested public information on private home day care, how they should be going about it, the sorts of lessons they should be trying to learn and identify in the process of placing their children in private-home day care. We would hope to do this through educational material, brochures and so on. If there was any advertising, it would be purely to tell people where they could get the information, and we want localized information available and so on.

I do not know at this stage how this will be spent across the province, but we certainly want to concentrate on how to pass information to people. It is not an advertising campaign saying, "Isn't day care wonderful?" or "Isn't it awful?" or whatever the case might be.

**Mr. R. F. Johnston:** The figure of \$750,000 comes out of the air?

**Mr. Barnes:** No.

**Mr. R. F. Johnston:** Where does it come from?

**Judge Thomson:** I can perhaps speak to that. The \$750,000 is the part that has not been handed out yet to the regions. We have not yet made our decision on whether or not that full \$750,000 is to be spent on something that is managed or for something from head office, or whether a smaller sum would be spent on that and the rest of it made available to the regions for use on other purposes because we have not got back the recommendations from the committee we set up to advise us on how we ought to do that and we shall not go to the minister to ask his advice and guidance until we have some options for him to look at.

**Hon. Mr. Drea:** Can I just say something now that you have got to the minister? Just to put everybody's mind at rest, I must admit that I, of all people, do not advertise in terms of paid advertising. Everybody knows that. I am not going into paid types of things. Sometimes when I discuss these things, I regard advertising in the sense of getting the material out there. The biggest waste to me, heretical as it may seem, is a full page ad or mixing oneself up in spots on radio, et cetera.

**Mr. McClellan:** The "Preserve it, conserve it" kind of thing?

**Hon. Mr. Drea:** No, I kind of like that. I do not need it; I work in other dimensions. For instance, there are a great number of absolutely free services that can be utilized, such as the public affairs spots on radio. A number of people in the trade sometimes turn down their nose at them, but properly placed and properly done, not just the brief reading of 10 words or something, they are a very effective way of getting the message out.

There also has to be a great deal of resource material. I would prefer it be disseminated by people in the field, but we have to provide it for them. In other words, whether it is deposited in a regional office or is made available all over the place, we have to have the widest possible distribution, sometimes in specific locales. When you look at it, really the only way to get it across sometimes is in paid advertising, but that is in a very specific, small locale. Otherwise, I can tell you, Mr. Johnston, it is a waste of money.

**Mr. R. F. Johnston:** I agree totally. How did you come up with the \$100,000 to go out to the regional offices for them to give to public groups as a startup, I mean, saying that maybe part of the \$750,000 that was left may eventually go that way as well? How did you come up with \$100,000?

**Mr. Barnes:** I am not sure there was any deep science attached to that. I reckon it was just based on what they thought would be a reasonable amount to spend on seminars in that period of time. It as simple as that.

**Judge Thomson:** I do not think there is anything more scientific than that.

**Mr. R. F. Johnston:** It is \$20,000 in the region?

**Mr. Barnes:** Yes.

**Judge Thomson:** And that was in terms of what they could do this financial year between now and the end of the year. It was directed to that specific purpose, but it was a fairly arbitrary figure.

**Mr. R. F. Johnston:** How many requests for projects of that sort did you have from, say, the central region?

**Judge Thomson:** I know of some specific ones; I have met this week with a person who has made two proposals, but I do not know what other ones have been sent into the central region. I would have to talk to Marg Engel about that to know what other ones she has received.

**Mr. R. F. Johnston:** But there was no real interest expressed over the summer period for money to go into locally generated information and seminars?

**Judge Thomson:** Oh, I do not think that is true. I think some interest has been expressed. I am just not quite sure to what extent or the potential amount of money it would add up to. We can find that out; I just do not know.

**Mr. Barnes:** I think if the object of the exercise is to educate people, guide people and provide people with advice on the subject of private-home day care, then if you are asking me what is the best way of doing this, then presumably the best way would be to try to centrally identify the sort of guidelines necessary and to try to get the brochures, or whatever it is that will pass on information, published in the most economic manner. I am not sure the best way of doing it would be to just put the money out into the regions and say, "Do it your way."

I think we are trying to identify how we should be focusing, how to get the material over in the best possible manner and how to get it to the widest possible public.

**Mr. R. F. Johnston:** I would wonder how you are going to deal with it on a highly centralized basis.

**Mr. Barnes:** I think there is a difference between process and design. Let us look at Garber, for example. I think we carried out a good training campaign and process around the whole Garber issue. We developed the guidelines centrally and we developed the training packages centrally, but then we went out into the field and delivered them to people in situ. I felt, and I think we all felt, that that was the most economical and the most effective way of doing it.

I do not think it would have been particularly good to have 12 areas all developing their own training packages. You can imagine the sort of consistency and relevance problems you would have run into. I think we are trying to identify what we want to be telling people, who the people are we should be aiming the information at and then trying to localize it as much as possible, but within an informed and, we hope, fairly well-researched base.

**Mr. R. F. Johnston:** I still find it strange that it breaks down to a \$750,000 to \$100,000 ratio at this stage.

**Mr. Barnes:** What we are saying is that we have not allocated that \$750,000 yet. While we are trying to find out how best to allocate it, we have said to the regions, "It is certain you could get on with some seminars, get the whole thing discussed and get the basics starting to move on

this. Here is \$20,000 to do that. In the meantime, let's find out how we can best spend the balance." That will be sent out of our top head office and into the regions. That is not money we are hoarding which we are all going to spend out of a little central office.

**Mr. R. F. Johnston:** We are now in November.

**Hon. Mr. Drea:** Yes, but there is another point too, Mr. Johnston. If you want to find out if you are doing a very broadly-based—in the full context of that expression—education or awareness program, you are going to have to allocate some centralized documents or whatever. You really want to find out what people want to know.

4:50 p.m.

**Mr. R. F. Johnston:** If you want to find out how they can find themselves some day care, I have been spending a lot of time on your 10 initiatives. Your initiatives do not speak to the real problem in day care in that there is an enormous need for day care and it is a hell of a lot of trouble to get. You get surveys like the one from Kitchener-Waterloo that was done this September. Of 80 per cent of the mothers who wanted to send their children to day care, only 11 per cent could. You have reports from London about the enormous waiting lists and the fact that they have a means test that they add on down there in order to try to limit the numbers of the subsidized spaces they have to give out. You get information from North Bay which says there is a huge problem in terms of waiting lists there. You have the same kind of problem in Toronto and Ottawa and elsewhere.

I guess all I am saying is here I am talking about these 10 initiatives on which there has been precious little done by the following November after it has been announced in December. We have this enormous problem with day care that is not really being touched. Pardon me if I am a little jaundiced in my pleasure about how far you have gone with this so far. It just seems to me that it has been very slow to get going and the kinds of initiatives that are taking place are very limited. These are not massive changes to the approach to day care in Ontario. These are very minor.

**Hon. Mr. Drea:** The approach you want, the massive change, was rather fully explored yesterday. Unless your party has changed its mind, and I was told yesterday it had not, it is free, universal day care.

**Mr. R. F. Johnston:** Sure.

**Hon. Mr. Drea:** Obviously, anything we do short of that is not going to satisfy you and, indeed, may increase your jaundice.

**Mr. R. F. Johnston:** I would be absolutely delighted if you did what the joint presentations given by the coalition suggest, which is not universal, accessible day care at all, but is a major step and a major move and this is strictly—

**Hon. Mr. Drea:** Wait just a moment. It was pretty apparent, although the figures were not mentioned—

**The Vice-Chairman:** We have a couple of members who have been waiting about an hour and a half to get their questions on. I am going to recognize Mr. Riddell.

**Mr. Riddell:** Mr. Chairman, I am more convinced than ever that there has to be a better system of reviewing estimates. I cannot think of anything more unproductive than sitting here for an hour and a half listening to a dialogue between the New Democratic Party and the ministry officials. Whether there should be some time allotments made, I do not know, but—

**Mr. R. F. Johnston:** You should try to get your critic in here on occasion.

**Mr. McClellan:** Your critic has not been here since the estimates started. If you want to complain, complain to him.

**Mr. R. F. Johnston:** That is right. Complain to your critic.

**The Vice-Chairman:** Mr. Riddell, I appreciate that you sat very patiently, but Mr. Johnston was in order and he asked his questions at some length. Now I have given the floor to you.

**Mr. Riddell:** I just like to raise their ire a little. It just does not happen in this committee.

**Mr. R. F. Johnston:** It always works.

**Mr. Riddell:** I did not intend to participate in a discussion on day care because I do not believe it is as big an issue in rural Ontario as it is in urban Ontario. If I appear somewhat ignorant on the subject, please bear with me.

Like other members of the Legislature, those members who are able to get here on a Monday, I had a visit from the Coalition for Better Day Care yesterday and, of course, some of the points they made were about this \$5 a day subsidy and 10,000 more spaces. Then I read Claire Hoy's article this morning—which I do not very often do but I happened to glance at it—and he came up with a figure of \$4 billion if this program was to be implemented.



Has the ministry done any spur-of-the-moment cost studies to ascertain just what the cost would be of this \$5 a day subsidy and 10,000 more spaces? Is Claire Hoy fairly accurate when he says that it would cost in the neighbourhood of \$4 billion?

**Hon. Mr. Drea:** If you had universal, accessible, free day care, it is about \$3.5 billion in current dollars.

**Mr. R. F. Johnston:** They told us \$7 billion last year.

**Hon. Mr. Drea:** No, \$3.5 billion, Mr. Johnston. Right through the election we said the first three items cost \$3.5 billion.

**Mr. McClellan:** This is based on what percentage of children?

**Hon. Mr. Drea:** You want it universal. They want it universal, free, accessible. We can work out the figures for you. Do you want to come to very specific figures, eh? You want the \$5?

**Mr. McClellan:** Would you answer my question?

**Hon. Mr. Drea:** I am sorry, I did not know you had one.

**The Vice-Chairman:** Sorry, is that a supplementary?

**Mr. McClellan:** Yes. We have raised this question before and never had an answer. We are talking about universally accessible day care, which means—

**Hon. Mr. Drea:** Free.

**Mr. McClellan:** —free for every family that requires it. When you are calculating a cost of \$3.5 billion to include every family that requires it, what percentage are you using?

**Hon. Mr. Drea:** Wait a minute. Let us not get into who requires it because the argument being put forward is that it should be; it is not just for working people.

**Mr. R. F. Johnston:** It is not mandatory, though, by any means.

**Hon. Mr. Drea:** No.

**Mr. McClellan:** Have you costed it for every child?

**Hon. Mr. Drea:** No.

**Mr. McClellan:** So what figures are you using as the estimated need? If we managed to flush this figure out, it would make this exercise worth while.

**Mr. Barnes:** The \$3.4 billion that is referred to is based on the assumption that 50 per cent of all the children in the province up to five years of

age would use day care and that 50 per cent of all children six to 12 would use part-time day care.

**Mr. McClellan:** In other words, that is your estimate of needs?

**Hon. Mr. Drea:** No.

**Mr. Barnes:** To give a lower figure, if you take 10 per cent of the enrolment of nought to five year olds—

**Mr. McClellan:** Fifty per cent of the kids in this province need day care.

**Mr. Barnes:** No, if you take 10 per cent of enrolment—

**Mr. McClellan:** You cannot have it both ways, can you?

**The Vice-Chairman:** Order. Is that the extent of your answer, Mr. Barnes?

**Mr. Barnes:** I could carry on, but I am not sure of the question.

**Judge Thomson:** In reply to Mr. Riddell's question, I could perhaps just answer in terms of the specific proposals.

The coalition yesterday talked about what they wanted done immediately, what they wanted done in 1985, and what they wanted done in 1990. The proposal relating to 1990 is the one that engages us in the discussion about the potential billions of dollars.

To get at the cost of the 10,000 spaces plus the \$5 flat rate, you would have to take 10,000 times about \$2,500 a space per year; that is how you would cost that out. I think that is around \$20 million to \$25 million. Then on the \$5 a day, we have about 68,000 spaces. I suppose that would be 68,000 times—oh, no, it was only the nonprofit, so you would have to separate that out. It would be whatever the number of those there are—and I think that may be more like 20,000 to 25,000—times \$5, times the number of days per year. That is what the cost would be to implement those two recommendations. That is the first stage recommendation.

**Hon. Mr. Drea:** Just a moment. I thought we had a cost figure on that. Do you want to give Mr. Riddell the cost figure on the \$5 a day we worked out when they did their campaign in August?

Action Day Care did a campaign, as you know; they put my name up on walls all over the place. We had 27 phone calls out of it, of which only five were day care recipients.

**Mr. R. F. Johnston:** That is a reflection on me too, I suppose.

**Hon. Mr. Drea:** Well, if you want to put it that way.

**Mr. R. F. Johnston:** Do you believe that is true?

**Judge Thomson:** The amount suggested was \$8 for infant-toddler, \$5 for preschoolers and \$2.50 for part-time. If you assume there are 14,800 licensed spaces in nonprofit day care centres, the cost works out to a total of \$28 million to \$29 million a year. That is apart from the cost of the 10,000 spaces, which is 10,000 times \$2,500, which I think is around \$20 million to \$25 million.

**Hon. Mr. Drea:** The cost is really \$3,000 because the municipality pays 20 per cent. If you want a ball-park figure, it is really \$3,000.

**Mr. Riddell:** I posed the question to the coalition yesterday as to what they estimated the cost would be. They had no idea what the cost would be, but they said, "You must remember, Mr. Riddell, that there will be fewer welfare payments made." Have you taken that factor into consideration?

**Hon. Mr. Drea:** Yes.

**Mr. Riddell:** So taking into consideration the fact, if indeed it is right, that there would be fewer welfare payments made to mothers, or to fathers for that matter—

**Hon. Mr. Drea:** Can we just discuss that for a second? There is some kind of a myth out there that if day care was provided on virtually every street corner the mother-led family on social assistance would disappear. That is not correct at all.

**Mr. G. I. Miller:** Would it not go down?

**Hon. Mr. Drea:** It might go down or it might remain relatively static. No one seems to know.

**Mr. Riddell:** Is it something we cannot factor in to that cost then?

5 p.m.

**Hon. Mr. Drea:** I would hate to factor in much of a thing on it because if you had all of this available, in some families, for instance, based upon family needs or family circumstances, or the location of the family, it might vary.

Let us take the individual location of the mother-led family on social assistance in the county of Huron. Sometimes they are in concentrations—perhaps Goderich or Exeter might have more—but they are out in the rural areas. It would not have that much impact. You have to look at it as a whole. It is being widely heralded: "If we only get into day care, we will end welfare in our time."

**Mr. Riddell:** Cost is certainly a major consideration; there is no question about that. I am

wondering if, in the minister's mind, there is more than cost in connection with providing more day care spaces.

Today I received a letter—and I guess we all did—from the Canadian Society for the Prevention of Cruelty to Children. The letter reads: "Opposition to infant day care by an organization such as the Canadian Society for the Prevention of Cruelty to Children comes as a surprise to some people. Enclosed please find a complimentary copy of the latest issue of the CSPCC Journal. In it you will find background information indicating why we believe infant day care is a short-sighted and unwise solution to current social problems."

Would it be fair to ask the minister if he could comment on this? As I said, cost is certainly a major consideration, but are you somewhat in agreement with the Canadian Society for the Prevention of Cruelty to Children that day care centres or day care spaces are not necessarily the route we should be following?

**Hon. Mr. Drea:** Unlike my colleagues in Quebec, I have an open mind on the subject. The government of Quebec, I have been led informally to understand, is now re-examining its position.

**Mr. Riddell:** Did you get a copy of the letter?

**Hon. Mr. Drea:** No, not yet.

**Mr. Riddell:** It is a bulletin, Infant Day Care: Treatment for a Symptom.

**Hon. Mr. Drea:** You fellows get your mail a lot faster than I do because you have it in a central location. It takes five days to get from this location across the street. It has nothing to do with my ministry. It was the same in Correctional Services, it was the same in Consumer and Commercial Relations, and it is the same here. I will be glad to read it.

**Mr. Riddell:** I intend to read it too because, as I say, I am ignorant about this whole day care matter as it is not as big an issue in my riding. I listened to the coalition yesterday and then I received this letter today from the Canadian Society for the Prevention of Cruelty to Children and I began to wonder which road we should be taking.

**Mr. R. F. Johnston:** What is Liberal policy, Jack? Do you remember that paper that came out last year, 5,000 new spaces, was it not?

**Mr. Riddell:** You must know by now I am a pretty independent kind of guy.

**Mr. R. F. Johnston:** I have seen the odd indication.

**Hon. Mr. Drea:** Mr. Riddell, I think that we have assumed the leadership role in Canada in this field. I think we have assumed the leadership role in Canada in this field. I think we have been moving forward in a logical and progressive manner.

I do not think there are any universal answers, ones that will solve all of the problems. One of the things that concerned me yesterday, although it may have been an oversight because when people are confined by time and space sometimes they really cannot say all they want to say, was that I did not hear very much about the welfare of the individual child yesterday. It was basically on programs, statistics, et cetera.

There is a concern in the area of parenting. There are some very pronounced medical or professional opinions on the need for closer nurturing or closer relationships between young children and the parent, and I think that has to be taken into account. I think one has to really look at what is going on.

To give you an answer, only in one area of the day care field is there very conclusive evidence it is a universal benefit, and that is for the developmentally handicapped child. There is very conclusive evidence that that interface on a number of things with other people has not only a very visible, but also a very pronounced impact upon that child. If you thought about it, that would make sense. That would be an area where the measurement would be relatively easier and more visible, because you can see the actual development of that child in integrated surroundings.

Perhaps one of the experts in the area might want to discuss it, but the jury is still out on the actual impact pro or con, except one has to be realistic. Where it is an alternative between leaving a child in a room or something and in a proper day care centre, there obviously really is not much comparison, and once again, it makes sense. But on the impact of universal day care—in other words, accessible on every street corner—the jury is very much out, and no one has it at all.

One of the things you have to bear in mind is that much of the day care provision, both in the United States and in Canada, has been at the taxpayer-paid or subsidized level. It was really going into a socioeconomic field, if you want to call it that, but society wanted to try to make some environmental improvements. But in the broad spectrum, where people have the choice, as I say, the juries are out.

You can get reports that say it appears to be,

or you can get reports that say it appears not to be. I do not think there is a definitive study which is going to come forward in the very near future, except in that area of the handicapped or the developmentally handicapped. That is a very small and specialized area where, incidentally, it is really part of the total normalization program that is going to go forward for the rest of the person's life. For other people, it may or may not.

**Mr. Riddell:** Before more taxpayers' money is spent, I would think that real consideration has to be given to the welfare of the child in this whole matter. It is all well and good to talk about making more spaces available and subsidizing day care centres and whatnot, but we have to act in the best interests of the child. That is my personal opinion.

**Hon. Mr. Drea:** Could I just bring you up to date on one thing? The words "day care" bring up a lot of connotations. To much of the public, they mean taxpayer paid. In this province, only about a third of the spaces are taxpayer paid, 20,000 out of 65,000 or 66,000; two thirds are straight fee for service. I like to use the old-fashioned description because it brings into view the points you are making. In this province, they are day nurseries and the standards which have been set by the province are province-wide.

Notwithstanding the fact that there is criticism from some municipalities that that makes them a high ticket item, or notwithstanding some complaints from parents that that increases the cost, we have been very vigilant in maintaining those standards and they are not negotiable. Sometimes people say that in order to have more spaces, regardless of who pays for them, we should lower our standards. There are some implications in that. I realize no one calls them day nurseries any more because it does not fit in the headline.

From the very beginning we were pioneers, long before any of this became trendy or fashionable or part of the work force. From the time when it was not very popular or was not even mentioned, this province was a pioneer in day nurseries, and we have never retreated from that position. We regard the welfare of the individual child as the core of the program.

**5:10 p.m.**

**Mr. Riddell:** The proposal by the Coalition for Better Day Care for the \$5 subsidy would be taxpayers' money though.



**Hon. Mr. Drea:** Yes. Just so we have that clear, I understand from yesterday from Ms. Bryden that would not reduce the rates where you paid your own costs. That would be \$5 per child who went to that day care centre. You would still pay the same rate, but instead they would pay it out in wages. It is a direct subsidy of a business.

**Mr. Riddell:** Right. Mr. Chairman, as I indicated, I did not come here specifically to talk about day care. There is another matter I wanted to raise in connection with children's services. Can I do that now?

**Mr. Chairman:** Mr. Riddell, Mr. McClellan has a supplementary on day care.

**Mr. McClellan:** I had interrupted Peter when he was starting to give the breakdown of the cost estimate. Rather than take the time of the committee, I wonder if that could be tabled.

**Hon. Mr. Drea:** Sure.

**The Vice-Chairman:** Fine. Mr. Riddell.

**Mr. Riddell:** Mr. Chairman, I was astounded to learn of the tremendous authority that children's aid societies have. I guess in some areas now they are called family and children services. Maybe it is because I am ignorant of the act under which children's aid societies or family and children services come. I received a call from a father who was very upset about the authority exercised by children and family services in Goderich. Let me give you the scenario.

They had to punish the child for something the child did, and it was the old-fashioned punishment, a spanking. Apparently, when the father or the mother—I forget which—turned the child over his or her knee, the child scraped the side of his face on some wearing apparel of either the father or the mother. The child went to school the next day, was called down to the office and interrogated by about three people.

Then the children's aid society got in on it. They paid a visit to the home of these parents and as much as told them they were not to punish their children by spanking. They gave them a book, which was written by some guy who was not able to keep his own marriage together, in which this guy made some kind of proposals as to alternative ways of punishing children.

Not only did the father contact me, but the minister of the church this couple goes to contacted me. He said, "There is not a finer family that walks through the door of this church." I am not suggesting that it is all

church-going people who do the best job of raising the family. The minister could not get over the authority that the children's aid society has. The children's aid society as much as told this couple that they could remove the children from that family if they persisted in punishing their children by way of the old-fashioned spanking. It did not stop with the minister; he got it before the congregation.

I telephoned the children's aid society in Goderich and had a talk with them. I learned that they do have that authority. If they feel that a child is being badly punished by way of the old-fashioned spanking, they do have the authority to remove the children from the family.

I am simply asking you, Mr. Minister, is this right? Do they have that kind of authority?

I just got a call from them here the other day. The father says they are still making frequent visits to the home and he considers these visits a real harassment, warning the parents about spanking their children and then threatening that their children could be removed. Here I have a minister of a church contacting me and telling me he knows the family and knows they are doing a good job of raising the children and that he personally sees nothing wrong with the old-fashioned spanking; yet for some reason the children's aid society seems to want to park itself on the doorstep of this family.

Do they have that kind of authority?

**Judge Thomson:** The answer is that the Child Welfare Act gives the children's aid society the authority to intervene when they feel a child is in need of protection. That is defined very broadly and it is really decisions of courts that have determined what that means. It generally means they have the right to intervene when they perceive the care of the child has fallen below the minimal acceptable level. You and I can think of obvious cases where that could be a valid involvement, for example, a serious child abuse case, not the kind of situation you are raising.

It is impossible to tell you whether their involvement in this particular case was appropriate without really reviewing the case as a whole. The total amount of their power is to investigate. They could intervene if they felt the child fell below the level of adequate care and they could remove the child. However, the law makes it very clear that they would immediately have to go to court and would have to justify to the judge the decision to remove that child.

Quite frankly, if the facts were as you state them, without in any way suggesting that I am

supporting or not supporting that form of conduct, it would be highly unlikely, if that alone was the situation, that any judge would authorize the removal of the child in that situation. That is not to suggest that an agency might not want to be giving guidance and advice to parents in some situations, but their power to step in and remove a child is subject to judicial review.

I have never seen a case in which a judge authorized the removal of a child from his or her parents simply on the basis of what one would call a spanking. I say that without getting into the question of when does the application of physical force to a child start to become abuse and whether one should be supporting or not supporting the use of that form of discipline. Those are separate issues.

**Mr. Riddell:** The parents did mention to me that it does go to the court, but then they are also, as I understand it, saddled with the court costs. Is that right?

**Hon. Mr. Drea:** Mr. Riddell, I do not want to interrupt your line of questioning, but if it is going to court or something, there is a question of child welfare in here perhaps. Have you spoken to the family and children services for Huron county or for Goderich?

**Mr. Riddell:** Yes. I did. I did speak to them and I did not think they had put up a very strong argument for the reasons they were continuing to pay visits to this family and threatening to remove the child. They did tell me that they certainly had that kind of authority.

**Hon. Mr. Drea:** Let us get to the authority point of view. A policeman has the authority to arrest you on reasonable grounds. There is no question that under the Child Welfare Act the children's aid society ultimately has to have some authority if children are to be protected.

Of course, the question arises, are the children at risk? Some people have to make an initial determination as to whether there is reasonable ground to believe they are. As I say, the authority is obviously vested in the court.

On a question like this—and I do not know what your discussions were with them—part of the problem in dealing with children is that privacy and confidentiality are of major importance, though not the same as with an adult. Perhaps in this case, rather than discussing it here, if you would be kind enough to let Mr. Thomson know the name of the family—I assume you do not want to here—we will get you a complete report on the situation, to which

you are entitled as the elected official for the area who has voiced significant concerns about the case.

I just caution you that on the information we give you there has to be an understanding, to be as candid as possible, that you are going to have to assume certain restrictions upon the dissemination of it. I think that is fair; I am not saying that you have to read it as though it is going to start a world war or something.

5:20

**Mr. Riddell:** Yes, that is fair enough. But I said to the family and children's services in Goderich, "Do you mean to say that if I use a spanking as a means of punishing my children, you can actually come in and remove the children?" They said: "Yes, we have that kind of authority. If we feel that you should be using some alternative method of punishing those children, then we can step in." I said: "I cannot believe this. You are telling me something I simply cannot believe." They said, "We have that authority." I thought I would leave it and bring the matter up at the estimates.

The only reason they had for imposing it on that family was that the child had a bit of a scratch down the side of his face. If I were to turn a young child over my knee and the child happened to catch his face on the edge of my belt buckle or something, I can see that a scratch would result.

At school on the day following the event, three adults converged on the boy with questions, and then the children's aid society were called in. They warned the parents, gave them a book and told them other methods that they should be using to punish that child. And the book was written by a guy who could not keep his own family together.

**Hon. Mr. Drea:** What is the book?

**Mr. Riddell:** I would have to get that information for you; I do not have it.

**Hon. Mr. Drea:** How do they know—to use your own words—that "the guy could not keep his own family together"?

**Mr. Riddell:** Apparently they know the author.

When you have a church minister call on you to express concern and say he is going to bring the matter before his congregation, it seems that more people than me are concerned about the tremendous power the children's aid society has. This is not to say I think they are doing a bad job.

**Hon. Mr. Drea:** I do not want to debate the particular case, but I think any reasonable



person would have to say that if you are going to have child protection, there has to be some ultimate authority. We will have to see the report to know if the appropriate route was taken in this case.

However, as part of overall protection of children, the school system is alerted to look for signs of abuse, and I think this is a practical and beneficial program. How else, short of the child being admitted to hospital—I am not talking about this case—is gross abuse to be discovered? Because children attend school for five days a week for 10 months of the year, the school is tuned in to looking for these signs. I do not think one can fault the school for trying to find out the cause of the facial injury.

**Mr. Riddell:** This is where you and I disagree. I feel the first thing the school should have done was to call the children's aid society, and they agree with me on that. The CAS said it was unfortunate that they were not called in at the very beginning, instead of having three other—

**Hon. Mr. Drea:** I think you have lost me. I understood from what you said that the three people who did the questioning were connected with the school system.

**Mr. Riddell:** That is right. The principal and a couple of teachers proceeded to question that five-year-old or six-year-old child, and then the children's aid society was called in. If the teacher suspected the child had been abused, I think the CAS should have been asked to come to the school and talk to the child.

**Hon. Mr. Drea:** The description you have given of the facial injury is at second hand, but I would think it quite normal for the school to ascertain how it was received.

**Mr. Riddell:** But not to start asking him questions about what his parents did, and how he got along with his parents at home, and so on. That is up to the children's aid society.

**Hon. Mr. Drea:** We will get you that report, which will give you the full details.

**Mr. Riddell:** All right.

**Hon. Mr. Drea:** I have been, and still am, connected with the correctional field, so I can tell you that one of the reasons for many prevention programs in this province is the existence of the school system infrastructure; whether in this case it was used appropriately, I cannot say. The fact that the mentally ill are not incarcerated as general offenders is quite often because of the detection system in the schools. I

do not think the school board system and the people who operate in it are ever given the appropriate credit.

The authority to remove a child from the household, even if the child is an offender under the law, is very closely watched by the courts. Part of the problem is to preserve the privacy of the family and confidentiality. The public is not often aware of what is going on, and quite rightfully so.

I am not going to get into the issue of whether to spank or not. Within appropriate limits, and I do not think you would be advocating going beyond that, I think that the matter of discipline is a matter for the parents.

**Mr. Riddell:** Right.

**Hon. Mr. Drea:** But if it is a case of someone hammering a kid under the guise of spanking, obviously that is a gross abuse, and you do not want that.

**Mr. Riddell:** I do not think that is the case here. May I suggest, Mr. Minister, that where we do see fewer mental problems and fewer incarcerations, perhaps it is because parents still administer discipline by old-fashioned spanking.

**Hon. Mr. Drea:** Mr. Riddell, I suggest that spanking an emotionally disturbed child is hardly therapy that will bring that emotionally disturbed child to a treatment program.

**Mr. Riddell:** You are assuming that this is an emotionally disturbed child?

**Hon. Mr. Drea:** No. I am just saying that you seem to find the role of the school extremely offensive in general and in this specific activity. But the consequences of not having that infrastructure in the schools is enormous. I could take you on a guided tour of prisons in other jurisdictions and you would ask why we did not have the same type of prison population in Ontario. I can tell you it is because the problems were detected and treated early on, in many cases successfully.

**Mr. G. I. Miller:** I would like to discuss with the minister the closing of the White Oaks Village in my riding. Mr. Minister, how many children in Ontario require the kind of services that are provided at White Oaks Village? Do you have those figures?

5:30 p.m.

**Judge Thomson:** I can provide an answer. That centre was set up to provide health services for up to 30 beds, and there are generally 30 children in residence. We are not in



any way taking away those 30 beds. The problem was not having the resource needed to upgrade the location.

I stress that there will be no reduction in beds. They will be spread, half at CPRI in London and the other half across two or three children's mental health centres.

**Mr. G. I. Miller:** I just noticed this afternoon, when the question was asked in the Legislature, that another question came before it about 2,000 waiting for this type of service. Is that a fact?

**Mr. Barnes:** No. White Oaks offers a specialized service for very difficult children between the ages of 10 and 12, and in some cases under the age of 10. I think the question you are referring to was about a matter frequently discussed over the last three years, certainly in estimates, and in other areas; that is, the waiting list of 2,000 for children's mental health centres in general.

**Mr. G. I. Miller:** We received a phone call from a lady in St. Catharines who said her son had been treated at White Oaks for the past two years and that she is extremely pleased with the results obtained through the program which is used there. The director there has indicated that he is concerned about the program being discontinued.

What is the history of White Oaks Village? How many years has it been located there?

**Hon. Mr. Drea:** White Oaks started out as an army base.

**Mr. G. I. Miller:** I understand that.

**Hon. Mr. Drea:** Then it became a children's reformatory. When it was too dilapidated to be a children's reformatory any longer, some of the buildings were used for the children's mental health program.

**Mr. G. I. Miller:** For how many years?

**Hon. Mr. Drea:** Five or six.

**Mr. Barnes:** It was changed to a children's mental health centre in March 1977.

**Mr. McClellan:** Why is it being closed?

**Hon. Mr. Drea:** Because it would cost \$2 million to rehabilitate the buildings.

**Mr. McClellan:** Why was it all right in 1977?

**Hon. Mr. Drea:** The fire inspector was not going to.

**The Vice-Chairman:** Mr. Miller has the floor. Then we will get to supplementaries.

**Mr. Barnes:** Do you want me to continue with the answer to your question, Mr. Miller?

**Mr. G. I. Miller:** Yes.

**Mr. Barnes:** White Oaks was established as part of a total complex which included Sprucedale Training School, which at that time was situated at the same site. The buildings were identified as being a fire hazard and would have required a considerable expenditure in order to be brought up to standard. When the Ministry of Correctional Services closed down the Glendale Correctional Centre in Simcoe, we decided to move Sprucedale to Simcoe.

However, we kept the White Oaks program in the same locale next door to the Sprucedale Training School. Over the last four or five years we have reviewed the situation a number of times and each time have found that it was a good program, but we also identified the need to spend a lot of money on capital and buildings. At this moment my best guess is that \$2 million at least would have to be spent to keep the White Oaks centre where it is. That is the issue we have had to face.

**Mr. G. I. Miller:** I know the area well because I live within a couple of miles of it, and I know the background of the institution. It was built for a specific purpose. My concern is that a lot of money was spent on upgrading those old facilities in the first place. My concern is, really, that despite the money which was frivolously spent, there is now nothing to show for it.

**Hon. Mr. Drea:** Mr. Miller, please; I resent those remarks. Why did not you talk this way and back me up when I brought in selective deinstitutionalization; when I closed the Glendale Correctional Centre for Adults, and brought over the training school to a brand new building? I do not think that is frivolous at all.

Until I became the Minister of Correctional Services, the name of the game was to stick everybody in jail. I brought them out in the community. The Glendale facility was not needed for minimum-security or no-security offenders of 16 or 17 years of age. That facility became vacant; immediately the training school at Sprucedale was brought over there. In the process, we did not bring them all over; it has been deinstitutionalization.

All of these things came about in the 1970s. George, when did you start to take them out of training school, 1974 or 1975? We were not going to send every truant or something to—

**Mr. G. I. Miller:** This was not the training school setting—

**Hon. Mr. Drea:** It certainly was. The mental health centre came in at a very late date and did not utilize the whole facility. You are into

exactly the same situation as you had at Cambridge, where it had been the girls' training school.

**Mr. G. I. Miller:** But it is still not like Sprucedale. It is not an institution. It is an open setting; and you are talking about buildings here that are homes. They are not buildings, they are homes, and I question the fact that they are firetraps. I would say they are not, because they are homes. That is what they were utilized for when the air force base was there, the home setting.

When I walked in there the other day, there was a portable school which was brought in one year ago and has never been used to serve any function. Now they are going to move it out again.

**Hon. Mr. Drea:** You go and talk to the Minister of Education (Miss Stephenson) about the provincial education authority. That I do not control. I have had words about some of that in the past, particularly Glendale, and I did not notice your magnificent support there in regard to the matter.

**Mr. G. I. Miller:** What do you mean, magnificent support? We had never encouraged the closing, but had encouraged improving the facilities.

**Hon. Mr. Drea:** I thought I had improved the facilities of the training school enormously by opening up the Glendale reformatory to them, since it was no longer needed. But in any event, the money has not been spent frivolously at Sprucedale.

If you are talking about a provincial plan for selective deinstitutionalization of both juvenile and adult offenders, depending upon the category of their offences and their ability to cope in the community, that began first with juveniles in 1976 and began with adults in September 1977, you can hardly say that money has been spent frivolously. Any money we have spent on that site in this ministry since 1977 has only been to keep the general conditions as close to a standard as was possible.

We are no longer in that position. If you want to talk about frivolity, if I were to shoot \$2 million down the pike or whatever, to rehabilitate that whole place for 30 people, when they will be brought much closer to home in three or four years from now, they would not even be in a position to be there save and except perhaps one from the area, then I would suggest \$2 million for one person plus a staff is the utmost in frivolity.

**Mr. G. I. Miller:** Mr. Minister, I am not suggesting that at all. In the beginning I asked for how many young children in Ontario is there a need for that type of service. The indications were, during question period in the House this afternoon, there could be up to 2,000 young people needing that type of service. Is that right or wrong?

**Hon. Mr. Drea:** No. It has been answered by—

**Mr. Barnes:** We should make a distinction between the specialist service provided by White Oaks, and the more general issue of children's mental health centre beds, which I think we can answer quite separately. But the waiting list of 2,000 which has often been referred to deals with children's mental health centre beds generally, which on the whole are aimed at children who are older than those we are talking about at White Oaks.

**Mr. G. I. Miller:** There was a program established by the region of Haldimand-Norfolk, only within the last year—

**Mr. Barnes:** We are maintaining that.

**Hon. Mr. Drea:** What are you complaining about?

**Mr. G. I. Miller:** The separate issue is the training school facility for the other 32.

**Hon. Mr. Drea:** First of all, let us look at it from a humanitarian point of view. Half of the children in there have been transported from their homes or their home locales to that central thing. Those 15 will be going to CPRI in London where they will be much closer to their homes.

**Mr. G. I. Miller:** Can I again ask what kind of setting in London you are talking about?

5:40 p.m.

**Hon. Mr. Drea:** Exactly the same in terms of residence. It is an institution. So is that one. They may live in home surroundings there, but let us not have any illusions. Sprucedale is an institutional facility; it is not exactly home care. It is relatively secure. It may be an open setting, but it is relatively secure.

Now in terms of CPRI, that is—you know it?

**Mr. G. I. Miller:** I do not know CPRI, no, but we have directed many young people from my area there.

**Hon. Mr. Drea:** CPRI has virtually the same kind of setting except the buildings there and the grounds are more than adequate. You are bringing the children for treatment closer to their home, which I think is always a goal. Now in this component, 13 are from Metropolitan



Toronto. They are going to various children's mental health centres in and around Toronto. They will be very close to home.

So it is not a question of our uprooting 30 or 31 juveniles who are ordinarily domiciled in areas around there. The others are going to Hamilton. They come from the Halton and Wentworth regions. They will be in mental health centres which are very close to their home. That is what we are trying to do and I think it is very important.

**The Vice-Chairman:** Two supplementaries: Mr. Johnston, Mr. Sweeney.

**Mr. R. F. Johnston:** First let me say I understand the rationale in terms of the buildings and the condition of the buildings, totally. I am a little concerned that what we have had here is probably one of the most successfully programmed operations of all mental health centres in the province. I forget what the statistics are, maybe you can tell me; in comparison with some place like Thistletown, as far as the success rates are concerned. Maybe that is not a fair comparison because they are dealing with different kinds of groups.

**Hon. Mr. Drea:** I think Thistletown in the future would be a fairer comparison.

**Mr. R. F. Johnston:** Yes, but they have had an enormously good—

**Mr. G. I. Miller:** Mr. Johnston, just for clarification; are you aware of where they are staying? Have you been out to visit them?

**Mr. R. F. Johnston:** I have not been out there. I have only had reports from it.

**Mr. G. I. Miller:** Okay, their setting is a home-like atmosphere. They have seven young people to a home and they are taken care of in a home setting. It is not a barracks, it is not an army camp. It is a home on a solid foundation.

That is what I am saying; the old barracks were there but they have now disappeared. They tore them down because they were firetraps. But I do not think, Mr. Minister, that you can call these firetraps. A home is not a firetrap, an individual home.

**Hon. Mr. Drea:** Please. They do not do everything in those homes. They utilize a number of structures on the premises for parts of the program and those structures are not either to our standards or to the standards of the government. Now what you are asking me to do is to perpetuate something that is violation of our own standards.

**Mr. Barnes:** I think the homes are frame buildings. I agree with you. You look at them and there they are on the crescent; I agree. We have been advised that in terms of public health, fire, and what we have to do in order to maintain the education and the recreational aspects, we have to spend \$2 million. Every report we have had has indicated—

**Mr. G. I. Miller:** I thought it was \$1.8 million.

**Mr. Barnes:** It was \$1.575 million three years ago. It is now \$2 million with the current inflation of building costs running at about 15 per cent per annum. So we are probably underestimating at \$2 million at this time.

The choice we had was: do we spend the \$2 million or can we provide a program for those children in other settings, 15 at CPRI and on individual program plans, with money dedicated for those sorts of children, as near as possible to their homes. We decided to take that latter course rather than spend the extra \$2 million.

I take your point about the fact that it has been a good program. I am not sure how successful it has been in terms of recidivism. I think we have had some real problems there because they are difficult children. A lot of them do keep coming back. One of the problems we have had at White Oaks is the fact that the age has been steadily going up in some instances because these kids do come back repeatedly. That is not to say the program is unsuccessful. They are difficult children.

I also take your point around how nice it would have been to have kept it, but \$2 million is \$2 million. Now do we choose to spend up to \$2 million on keeping White Oaks going, or maintain the money spent on supporting those children, dedicated to those children in other settings without having to spend that \$2 million? The decision we took was not to spend that \$2 million.

**Mr. G. I. Miller:** Okay, and what it is going to cost to put them in those other locations?

**Hon. Mr. Drea:** We are not saving any money.

**Mr. Barnes:** We are keeping the same money. We are not saving any money, we are dedicating exactly the amount of money we spent on operating White Oaks in order to maintain support services for those children, the 15 who go to CPRI, the 15 spaces we will negotiate with



the individual children's mental health centres and on the outreach program for Haldimand-Norfolk.

**Hon. Mr. Drea:** In fact it would be more expensive—

**Mr. G. I. Miller:** I just want to be clear what the facilities were like—

**Hon. Mr. Drea:** I want to make one point clear to you, too. It is going to be more expensive to provide the day care services that were associated there for the region of Haldimand-Norfolk. We will provide them.

**Mr. G. I. Miller:** At any cost to the municipality?

**Hon. Mr. Drea:** No.

**Mr. Barnes:** It is a children's mental health centre program with 100 per cent funding.

**Hon. Mr. Drea:** They just do not sleep where they used to; they have a program.

**Mr. Barnes:** That is a day program.

**Judge Thomson:** If I could perhaps answer Mr. Johnston's question: I have a particular fondness for what White Oaks has accomplished over the years. It is a good program. It is impossible really to compare one program to another. We are talking about different kinds of children.

I listened to Dr. Nicholas Hobbs say last night that if a program is having a really high success rate, they are probably not doing their job because they are not taking the toughest children. So even though they have had some difficulty with some of the children, I think they have been very innovative and it has been an excellent program.

The task is going to be trying to preserve what was unique about White Oaks as we move to the other programs.

**Mr. R. F. Johnston:** How are they going to do it? Does CPRI have kids of this age at the moment? Is it a functioning children's mental health centre at the moment? What is going to be the mix? What institution are we simply putting these kids into?

**Judge Thomson:** CPRI is what is called a regional children's centre, like Thistletown, like Royal Ottawa and so on. Primarily, it takes two groups of children of various ages, including younger as well as older children and ones who were at White Oaks. There is a group of children who are developmentally handicapped and there is a group of children who are emotionally disturbed at CPRI.

One of the things we have talked about doing

is to try, in a sense, to move over the part of the operation that is going to CPRI as a somewhat self-contained unit so the same kinds of people with the same kind of administration maintain themselves within CPRI with some separate authority that they themselves will have; and I am not suggesting totally divorced. But that becomes a way of preserving the White Oaks model but it is on a different physical location.

**Mr. Barnes:** In CPRI we are very fortunate, and this is one of the other things that made this possible; we just renovated some duplexes which were on the grounds of CPRI so we can physically keep the program separate, as well, and attempt to maintain its identity.

I have some confidence that we can do that for those 15 children. What we have to be very careful of is with the other children, who we put into children's mental health centres and put near the home, that we have very clear, understood, stated program plans for each of those children, and the sort of support and service they need. We are, at this time, drawing up those plans for each of those children so we can repeat and provide them the sort of support most suited to their particular needs.

**Mr. R. F. Johnston:** Yes, I can understand how you could do it with CPRI from the way you are describing it and that sounds to me like not a bad thing. I would like to know specifically what is happening with staff about that, but I do have concerns about whether or not, for each of these individuals you are sending around to centres around the province, you are actually going to be able to provide them with the same kind of model they have had up to now, putting them into another setting where they are going to be a very small minority as part of the mainstream of that centre. Are you convinced that you can do that?

**Mr. Barnes:** We are not going to identically repeat White Oaks in individual children's mental health centres. I cannot say that, much as I would like to be able to. I do believe that, given the per diem we are talking about for these kids, we have the money to support individual program plans which will, in fact, provide those children with the supports they need.

The important thing also is that I want to try to ensure that we maintain that particular sum of money dedicated to these sorts of children in this age group of children. I think there is an advantage to be gained in so far as the children

who are not going to CPRI will be in the Niagara, Hamilton and Toronto regions, which will be nearer to their home communities.

We do have a lot of the children coming backwards and forwards from the home to White Oaks. We may have some more success around that and being able to work closer with the family and so on. That is the plus side.

**Mr. R. F. Johnston:** And what is the situation with staff? Are you going to be moving people from White Oaks to CPRI?

**Mr. Barnes:** Yes, we are. Any staff who are prepared to relocate from White Oaks to CPRI will be offered the jobs that become vacant at CPRI and we will give other staff who do not relocate first refusal on any other vacancies we have, provided they are prepared to relocate.

**Mr. R. F. Johnston:** Have you any indications at the moment of about how that is going to—

**Mr. Barnes:** No, I do not have the answers to that yet. We only announced it last week.

**Hon. Mr. Drea:** Then, of course, the day care, the nonresidential component will be staying there.

**Mr. R. F. Johnston:** And what is going to be the cost of that? The cost of the day care or a program now left there on its own will be about what?

**Hon. Mr. Drea:** We can get it for you. It will obviously be higher because we have to get a facility for it. It will not be at Sprucedale.

**Mr. R. F. Johnston:** That was going to be my next question.

**Hon. Mr. Drea:** We are looking for a location. 5:50 p.m.

**Mr. Barnes:** We are looking for a location right now, in which we can operate it.

**Mr. R. F. Johnston:** Not necessarily on site, herefore? Probably not.

**Hon. Mr. Drea:** Probably not.

**Mr. Barnes:** In Haldimand-Norfolk.

**Hon. Mr. Drea:** We need to find a site in Haldimand-Norfolk that is convenient for non-residential care.

**Mr. R. F. Johnston:** By May, is this? What is the date when this is to be phased out?

**Mr. Barnes:** We would like to achieve it by March 31. I do not see any point in dragging these things out once we have them going.

**Hon. Mr. Drea:** But we have to look at that because, as I say, it is nonresidential so it has to be relatively as convenient as the other one or else we will get diminished returns.

**Mr. G. I. Miller:** Mr. Chairman, I do not want to be critical of the minister and maybe stir him up again, but—

**Hon. Mr. Drea:** No, you never stir me up. I am a very willing target.

**Mr. G. I. Miller:** —what I want to say is you have a good team put together now, but there is no stability in the program. What has been taking place is change, change, continual change. I do not think, in the long run, that is good. These people have to pick up now. They have to relocate somewhere in Ontario.

**Hon. Mr. Drea:** Where were they four years ago, Mr. Miller?

**Mr. G. I. Miller:** I was right where I am now.

**Hon. Mr. Drea:** Not you, where were they?

**Mr. G. I. Miller:** Do not bring that up again. The kids are not going to be the benefactors in the long run because you have no stability in the home program. I think that is the area that—

**Hon. Mr. Drea:** Mr. Miller, you are really very retrograde. What you want is centralized treatment institutions, which is a concept that may be very dear to your heart, but I suggest to you it is the wave of the past and hardly the wave of the future.

**Mr. G. I. Miller:** It is not dear to my heart, but when you get parents coming to you saying, "My boy has been well treated; it has been a good program," do you come along and wipe it out like that?

**Hon. Mr. Drea:** Mr. Miller, the last time you and I discussed the closing you had all kinds of testimonials from inmates of the Glendale reformatory saying it was a great place to be and a great program. I said, "That is right, but it is not needed any more; they can go out into community residences," and you opposed me on that.

**Mr. G. I. Miller:** We are talking about two different things. We are talking about closing the facility we have now, which is a good concept and in a good location—

**Hon. Mr. Drea:** Glendale was a good concept too.

**The Vice-Chairman:** Mr. Sweeney, do you want to get your supplementary in? We just have a very few minutes.

**Mr. Sweeney:** Yes, it has partially been answered, Mr. Chairman. I was also interested in the quality of the program, as I understand it and as it has been explained to me, that has been operated at White Oaks Village. As you, in a

sense, break up a team you also break up the program and the question which has already been partially answered, of course, is how can you repeat that in other locations?

Mr. Minister, I hear what you are saying in terms of cost. Has it been ascertained that that is sort of the Cadillac model?

**Hon. Mr. Drea:** No.

**Mr. Sweeney:** Is that the absolute base model, in other words; is that the least you can get away with? The reason I ask that is that one of the parents who called me about it indicated that while "some minor changes" needed to be made, they are not terribly unhappy with the general situation there. I am wondering if the report coming to you could in fact be an inflated figure, and that with considerably less money you could still keep that program going.

**Hon. Mr. Drea:** I hate to recall difficult times to your colleague, but even at the time of 1978 when the juvenile institution, which was the bulk of the population, pulled out of there, its standards were not adequate to deal with hale and hearty juvenile offenders. It has gone down hill since then.

If we were in a position that we were going to centralize and have it continue to be a main institutional setting regardless of the geographic location of the patient, then yes, I can look at it and say, "Spend the money, because the program is good." But three or four years from now we want to develop the ability to treat emotionally disturbed children as close to their family homes as is possible and therefore we would be in diminishing returns. You are asking us to spend \$2 million when the component three or four years down the road might be \$5 million. This is what you really have to balance.

I appreciate good programs, but I think you also have to look at the fundamental concept of keeping children as close to their community as is possible, because there are impacts with those children.

Mr. Barnes has mentioned to you the per diem. Do you want to tell them what the per diem would be for the individual?

**Mr. Barnes:** At White Oaks?

**Hon. Mr. Drea:** No, you have said you have insisted upon—

**Mr. Barnes:** Maintaining a per diem, yes.

**Hon. Mr. Drea:** Would you explain that? I think that is what Mr. Sweeney is getting at.

**Mr. Barnes:** Are you talking about the per diem or the capital expenditure of \$2 million creating a Cadillac?

**Hon. Mr. Drea:** Let us forget the capital expenditure, we are just talking about operations now. Okay? If it is closed, there is no more capital, let us forget that one; it is the daily per diem, what the program will cost and forget the building.

**Mr. Sweeney:** The daily per diem where you are, Mr. Minister, takes into consideration that you own the facility.

**Hon. Mr. Drea:** We do not own it, Government Services does.

**Mr. Sweeney:** I am talking about comparative costs.

**Mr. Barnes:** I can answer that one. On the actual operational costs, there is not going to be any change in that sense in so far as we own the building. As for the children's mental health centres we are going to, they exist; there will be one or two or maybe three children per children's mental health centre. It is not going to require capital construction to ask them to take on those extra children. That is certainly so. So the expenditures on the children will be equivalent.

**Judge Thomson:** Mr. Sweeney, if I can add one thing to the point you are raising, if one walks into the White Oaks property as a parent, I think the problems that are clearly there are not all that visible. There are houses sitting around a circle, they look like normal houses and so on.

The problem is it really is true—and the last time I was there it made me very nervous—they are firetraps, in the sense that if a fire ever started in those buildings they would go up very quickly. I think work could be done to upgrade them and so on, but it would be very expensive. I do not think it would be a thing a parent coming in would instantly recognize, because the community-like aspect of it does become readily apparent when you first come and it looks quite attractive and certainly looks very non-institutional.

If you take another example, they do not see the sewer problem we have. As I understand it, an enormous amount of money will have to be spent relating to the sewer that goes from the main road to the property. It is the kind of thing that someone coming to look at the place would not worry about, but it is something we have been told you just cannot do without.

**The Vice-Chairman:** Members of the committee, it is six o'clock. There are two procedural matters I would like to put to the committee before we adjourn.



**Mr. G. I. Miller:** Mr. Chairman, could I ask one question before you do that? How many children are there who do not have parents?

**Judge Thomson:** They all have parents, but they—

**Hon. Mr. Drea:** They do not participate?

**Mr. G. I. Miller:** No, who do not have parents.

**Hon. Mr. Drea:** Who do not have parents? They all have parents.

**Judge Thomson:** A number of them are children who have been made what are called crown wards under the Training Schools Act. In other words, committals have been made—

**Mr. G. I. Miller:** That is what I am saying.

**Hon. Mr. Drea:** No, no. The courts have determined that they have to put them under custody.

**Judge Thomson:** But they all have parents.

**The Vice-Chairman:** There are a couple of things, members of the committee. The committee, of course, does not sit tomorrow. We have three hours and seven minutes left under the allotment for these estimates. I wonder if we could get the agreement of the committee that we take one more afternoon sitting, which would in fact be closer to two and a half hours, then we could schedule the Minister of Health (Mr. Timbrell) for the day subsequent. Is that agreeable? Okay.

The other matter is that I understand that some of the caucuses may wish that their members all be in the House for Mr. MacDonald's motion on Monday. Has there been any decision on this?

**Mr. Riddell:** Monday afternoon.

**The Vice-Chairman:** There is some question—it was brought to my attention by the clerk—as to whether or not this committee would actually be sitting on Monday.

**Mr. McClellan:** I have no instruction at all

from our House leader. If other caucuses want to be in the House for the debate, we can sit on Tuesday and start Health on Wednesday.

**The Vice-Chairman:** Certainly. Okay, if the committee is agreeable, then, we will spend one more day on your estimates, Mr. Minister, and then we will start with the Ministry of Health. Unless there is any further business the committee will stand adjourned.

**Hon. Mr. Drea:** Would you mind telling me what day you are going to spend on it? It is not for me, I am always around, but there are other people.

**The Vice-Chairman:** We really at this point do not know, Mr. Minister. I do not think the three House leaders have made a definitive decision, have they, as to whether or not we will all be in the House on Monday afternoon?

**Mr. McClellan:** I would like to be here, but if other people want to be in the House, I do not want to stand in their way.

**Hon. Mr. Drea:** No, but I think what I have asked is a reasonable request. I am always here, but other people—

**6 p.m.**

**Mr. McClellan:** Mr. Johnston and I are prepared to be here on Monday and that is all I can say. If other people want to make other arrangements—

**Hon. Mr. Drea:** There is still poor Mr. Anderson.

**Mr. McClellan:** Yes.

**The Vice-Chairman:** Perhaps if we can ask the House leaders to communicate this to the members of the committee before the end of the week, we will all know what we are doing on Monday.

Any further business? The committee stands adjourned.

The committee adjourned at 6:02 p.m.

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Gillies, P. A.; Vice-Chairman (Brantford PC)  
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**From the Ministry of Community and Social Services:**

Carman, R. D., Deputy Minister  
Barnes, P. H., Assistant Deputy Minister, Children's and Adults' Operations  
Thomson, Judge G., Assistant Deputy Minister, Policy and Program Development



Ontario

LEGISLATIVE ASSEMBLY

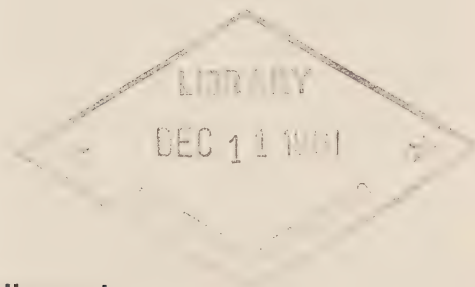
No. S-22 and S-23

# Legislature of Ontario Debates

## Official Report (Hansard)

### Standing Committee on Social Development

Estimates, Ministry of Community and Social Services  
and  
Supplementary Estimates, Ministry of  
Community and Social Services



### First Session, Thirty-Second Parliament

Monday, November 16, 1981  
and  
Tuesday, November 17, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC



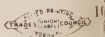
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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Monday, November 16, 1981**

The committee met at 3:37 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF COMMUNITY AND SOCIAL SERVICES (concluded)

**Mr. Chairman:** I see a quorum.

On vote 2902, adult and children's services program; item 6, children's services:

**Mr. McClellan:** I have a question while Mr. Johnston is getting himself together. I do not think I have all my material with me, but I am sure the minister and Judge Thomson will be familiar with the situation I shall refer to, which is the fact that a number of social workers in the employment of the children's aid societies have been charged under sections of the Criminal Code in connection with their duties as child welfare workers.

I am familiar with the situation in Brockville in which one line worker for— My God, that is one more than I knew about. I had thought it was one case worker. Now, in addition, there are two management people, including the executive director of the Brockville Family and Children's Services, who have also been charged by the crown, under a section of the Criminal Code, with exposing a child to dangerous conditions, or whatever phrasing the Criminal Code uses. Now that the matter is sub judice I suppose there is not much we can say about it but to express absolute and utter dismay over this situation.

I do not know what the thinking can be in the Ministry of the Attorney General that would lead the crown to charge a child welfare worker under sections of the Criminal Code. People may well fail in their responsibilities; we are all human and we are all fallible and make mistakes. I know how difficult it is for a doctor to be charged with malpractice but I am not aware of any cases—nothing comes to mind, let me simply put it that way—of a doctor being charged under the Criminal Code as the first recourse against a professional lapse.

I know how difficult it is to bring charges against lawyers. There are professional bodies

which regulate the professions and there are procedures within those self-regulating mechanisms which our society uses to protect the public.

I do not understand what is going on here. I do not have the slightest idea, and I want some explanation from whoever can help me out. If this is a precedent, I simply say to you, you will not find anyone who is willing to work in a children's aid society. Perhaps someone can help me out, perhaps the minister.

**Hon. Mr. Drea:** A charge was laid against a line worker some weeks ago, at which time we were not consulted.

**Mr. McClellan:** You were not consulted before the charges?

**Hon. Mr. Drea:** I mean the ministry was not consulted. Obviously there are the usual reports and so forth, which is quite normal.

**Mr. McClellan:** Do you know what the initiative was for laying the charges? Did it come from senior levels of the—

**Hon. Mr. Drea:** From the OPP. It is my understanding that the OPP consulted with the crown after a period of investigation and at that point the crown laid the charge.

For obvious reasons I want to frame my words very clearly. At the time of laying the charge against the line worker the matter was obviously of concern to the ministry. We have kept a watching brief on that situation.

I first learned of the two additional charges yesterday on the radio. When were they laid?

**Judge Thomson:** My understanding is they were laid on Friday of last week. It could have been Thursday.

**Hon. Mr. Drea:** In any event, Mr. McClellan, some time on the weekend, either Saturday or Sunday—it seems to me yesterday—I learned of that development. It is a matter of concern to the ministry and within the accepted limits of my position I want to find out as much information as the Ministry of the Attorney General sees fit to provide at this point.

As you know, I cannot consult with the crown. Also, my access to any information from a police investigation in a matter involving the

Criminal Code is via the Ministry of the Solicitor General, from whom I get whatever information they feel free to provide. I cannot deal with the police directly. I think it is sufficient to say that the ministry views this with considerable concern.

**Mr. McClellan:** I appreciate that statement. Could I ask that the minister pursue the inquiries he indicated that he intends to undertake and report back to the Legislature at the earliest possible convenience with respect to this situation?

This is one of the most serious things that has happened in the child welfare field in my memory. I am not exaggerating. I say this as someone who once considered a career in child welfare. I commented casually to Bob Carman last year that at one point I and my colleagues would consider the position of executive director of a children's aid society as something that was worth aspiring to on a career basis, something worth working towards, but not if the kind of outcome a social worker or a front-line worker can look forward to at the pinnacle of their career is being slapped with a charge under the Criminal Code.

There are sanctions in the Child Welfare Act which we spent a lot of time drafting collectively and in a very co-operative spirit. There are sanctions in that legislation which cover almost any contingency. I want to understand—I mean this quite sincerely—and I want a report back from the minister why the sanctions of the Child Welfare Act were not felt to be adequate to the situation—whatever the situation was, and I have absolutely no clue to what the situation was—and why those sanctions were not applied rather than the sanctions of the Criminal Code.

**Hon. Mr. Drea:** I have no hesitation in reporting back to the House, provided it is clearly understood that I will report back what I receive, which may not be of any help to the House at this time.

**Mr. McClellan:** I understand that.

**Hon. Mr. Drea:** Indeed, if it is the advice from the senior law officers of the crown that no information be provided, I think there has to be an understanding that I can only go with that.

**Mr. McClellan:** I fully understand the dilemma you are in, and I appreciate the statement you have made very much. I hope you understand the sense of urgency I am expressing, because if this is allowed to develop with just the usual sub judice provisions, which means no comment in the policy area or in the political area, you can

imagine the state that your front-line child welfare workers are going to be in as this thing drags itself through the courts.

**Hon. Mr. Drea:** Yes, I understand that. But I am also bound by the determination of the senior law officers of the crown, criminal division, as to what might imperil either the case of the crown or the right of the three accused to a fair trial. That is a determination which, until the matter is disposed of by the courts, the senior law officers of the crown, criminal division, will have to determine. I will seek as much public information as I can in the shortest possible time and report back.

**3:50 p.m.**

**Mr. Chairman:** Before members ask their supplementaries, I want to point out to the committee section 19(d)(7) of the standing orders. I would not want to call to order any discussion that, in my view, would be referring to a matter before the courts or before a judge for a judicial determination which would create a real or substantial danger of prejudice to the proceedings of anything. So far, specific mention has not been made, but just be careful to what degree this debate or this discussion is proceeding in that way, because I will call that line of questioning to order.

**Mr. Kolyn:** Since I came in late—and I am sorry I did come in late—would someone let me know what the charges were specifically related to? Maybe you could help me with that, Ross.

**Judge Thomson:** I can answer that. I think it is probably best summarized as an offence called criminal omission. It is an indictable offence under the Criminal Code and it basically deals with a wilful omission to perform some assigned duty in a way that would attach criminal liability to it.

I might say from my understanding of the law that, one, there has never been a charge laid under this section, not only against people in the child welfare field but even in a lot of other related fields; and, secondly, obviously as a result of that, there has never been a conviction under this section of anyone who engaged in a decision as part of either the management or the front line staff of a child welfare agency or any other child care or human services agency. So, from what I can see, it is a section that is rarely used and has never resulted in either a charge or a conviction in the past.



**Mr. McClellan:** Could I have one brief supplementary? Was this society subject to an operational review and when was that?

**Judge Thomson:** Yes, it was; approximately two years ago.

**Mr. McClellan:** That is what I thought. They had a reasonably clean bill of health, as I recall—or not?

**Judge Thomson:** As with all of the operational reviews, there were a number of issues raised to be addressed by the agency through a work plan that would follow from the review. I do not know if it is possible to say how they came out relative to other agencies.

**Mr. Chairman:** Are you continuing with your line of questioning, Mr. Kolyn?

**Mr. Kolyn:** I specifically want to know what they were charged with. That is what I want to know.

**Mr. Chairman:** As I indicated earlier, I would not want to go into the specifics of a case that is before the courts.

**Hon. Mr. Drea:** Read the section of the code to him. Just tell him what it is under the code.

**Judge Thomson:** I will need the code to do that, if I can have about five minutes.

**Hon. Mr. Drea:** We will get the code and read it to you. If you are asking if I have a copy of the information, the answer is no. We may have a copy of the first information. A copy of the original information on the line worker is probably in one of our area offices, but I have no copy of the information on the latest charge.

**Ms. Fish:** Which society is involved?

**Hon. Mr. Drea:** Brockville.

**Ms. Fish:** Brockville?

**Hon. Mr. Drea:** Leeds county.

**Ms. Fish:** Was there an incident that is known to the public that appeared to in some way be related to these charges?

**Hon. Mr. Drea:** Yes.

**Mr. Barnes:** A child died and the mother was charged and the family was under the supervision of the children's aid society.

**Ms. Fish:** Which case was this?

**Mr. Barnes:** Do you mean the name of the mother?

**Ms. Fish:** Of the child.

**Hon. Mr. Drea:** We can get it for you. If you want the sequence of events, there was the death of a child. Relatively quickly, following an investigation by the Ontario Province Police, a

criminal charge was lodged against the mother. Subsequent to that, there was the first of these charges against the agency which involved the line worker. That was three or four weeks ago.

Then, apparently, at some time during the latter part of last week additional charges were filed by the crown involving two management employees of the Brockville children's aid. One was the executive director and I do not know the title of the other one, but it was a management person.

We were not provided with an information on the charges relating to the death. We may have an information in the region which has to compile a report on the laying of the first charge, the one against the worker. I know we do not have an information on the second one.

When there is a death of a juvenile, the procedure of the ministry is to see if the family or the juvenile has been in any contact with the local children's aid society, all the way from being a ward right down to a casual contact. If there has been a contact or a relationship, then our area office compiles a complete report, including inquiries as to the status of the case and the background and any other relevant information from the children's aid society. That report is for the use of the crown if criminal charges are laid or, as is more frequent, an inquest is called. So our report, while it is compiled by us, is really for the use of the crown, however the crown proceeds in the matter.

**Mr. Barnes:** I have here a summary of the information. Would you like me to read it, Mr. Chairman?

**Mr. Chairman:** Yes, Mr. Barnes.

**Mr. Barnes:** This is the original information. The allegation is that the worker, through her contact with the child and her parents, had reasonable grounds to feel that the child's safety was threatened and that the child should have been removed from the home, and in fact the child was not removed.

**Mr. Chairman:** I think we could probably just leave it there, because if you discuss this any further you will be biased or prejudiced to the case.

**Hon. Mr. Drea:** Maybe they want the dates. The original charge against the worker was laid in August. She was charged on August 21, 1981. The child did not die.

**Mr. Barnes:** No, it did not die, it was severely beaten.

**Hon. Mr. Drea:** It was a two-year-old child who received a severe beating on June 24, 1981. The mother is charged with assault and she will appear again on November 19, which is this week. Just give me a moment until I see if there is anything else in here that might be of use to the committee.

**4 p.m.**

There is nothing, other than the child has been in foster care since that date and that the proper name of the agency is the Brockville Family and Children's Services.

The latest to be charged are the executive director and someone whom I believe is a supervisor. The charge is one of abandoning or exposing a child under 10 to a dangerous situation, on which Judge Thomson can give you the numbers for the Criminal Code.

**Mr. McGuigan:** Mr. Chairman, over the last four years I have had a number of cases which I will try to roll into one, regarding the handicapped children's benefit program. Under this program, just to go over it a bit, people with handicapped children are allowed to keep them in their home and are given a certain assistance towards their maintenance due to the extra cost these children usually incur. I suppose it has the benefit of keeping them out of institutions and also of keeping them with the family.

I have a copy sent to me from the ministry of one of their latest revisions—it is called a transmittal sheet—and it outlines the program. I doubt if farm families were ever considered when this was drawn up and that is the point I want to bring out. It speaks of total gross income and a family of four which earns over \$26,000—not earn, I will change that word—which receives in gross income \$26,000. In other words, they have sales off the farm of \$26,000 on which they may or may not have an income figure. Nevertheless, they are put out of the program. For a family of five it is \$27,000; a family of six is \$28,000; a family of seven is \$29,000.

When the people who administer this look at an income tax form and it shows that the family received \$27,000 in sales of their products, there is no help coming, regardless of the fact that perhaps their expenses were greater than \$27,000. It seems to me this must be some kind of an oversight.

**Mr. Alfieri:** That was never the intent. By gross income we mean the income before tax or before deductions, and with respect to farm revenue that could represent the income the person would receive after the expenses of the farming operation were taken into account.

Perhaps what is called for, Mr. Chairman, is a bit of clarification, specifically dealing with farmers. The intent of gross income is gross before taxes, gross before mandatory and other deductions.

**Mr. McGuigan:** That will clear up some of the problem.

There are other complications, especially in immigrant families, Europeans coming here and buying a farm. They will take the income from, say, three or four young people working on the farm; or put it this way, they do not pay them a wage. The children will not be paid a wage. All their money goes into the pool and when these young people marry, very often the family then will give them a big cash settlement to buy a farm. But throughout the period of growing up, through their teenage years they do not receive a wage. Therefore the income from that family seems higher than it should be had these people been paid a wage. That is part of the problem.

**Hon. Mr. Drea:** If you are talking about teen-age children, how much will they ordinarily earn?

**Mr. McGuigan:** They would get the minimum wage of \$3.50 an hour.

**Hon. Mr. Drea:** They are not working full time; they are going to school.

**Mr. McGuigan:** They work four or five hours a day. If it is a dairy operation they work all summer. All that money goes into the pot. They could make a couple of thousand dollars a year if they were paid a salary.

**Hon. Mr. Drea:** Have you got one of these cases where the handicapped children's allowance is not being paid because of this? The problem is you could literally have a family business as well where the argument is that no one is being paid, it all goes into the pot, come marriage or something else.

**Mr. McGuigan:** That is perhaps the minor part of the problem. The big thing is the fact that they are taking this gross—

**Hon. Mr. Drea:** You take everyone's gross, Mr. McGuigan. You take your gross and my gross, not your net. Mr. Alfieri has pointed out we take it at gross income not gross sales.

**Mr. McGuigan:** It has been interpreted as gross sales.

**Hon. Mr. Drea:** By whom?

**Mr. McGuigan:** By the Chatham office.

**Hon. Mr. Drea:** We will take care of that for you. On a farm you are talking about gross sales and then you get down to gross income. Net income just does not work; it is gross income.

To be a reasonable amount on gross sales of a certain amount of money, there is so much of a return which is what they pay taxes on. A T4 form would not have your gross sales on it, it would have gross income on it, would it not?

**Mr. Alfieri:** Mr. Chairman, as a vehicle for verifying such income as a rule we use the person's own income tax returns. Perhaps there was a misunderstanding between the applicant and our staff prior to an application. I cannot speak to the case, but we would be happy to look into it. The intent is definitely on the gross income.

**Hon. Mr. Drea:** It is not based upon gross sales. There are different types of farming where sales really would distort the thing entirely.

**Mr. McGuigan:** I have another small problem. An elderly couple who have a handicapped child go south every winter and take the child with them. The child has a very difficult time here through the winter and it is part of the doctor's prescription that he go south. They are allowed to go for three months and when they come back they are paid money for the past three months.

Apparently, every year they have to come right up the ladder through the ministry. There is no provision in the administration for this happen. Every year this lady calls and gets upset about it, so every spring she calls me because they have turned her down and they have to move all through the system until they get approved.

**Hon. Mr. Drea:** We would have to be discretionary for rather obvious reasons. Mr. Alfieri?

**Mr. Alfieri:** In order to be eligible you have to be a resident in Ontario. With respect to short-term absences from Ontario, what we normally do when people leave is hold the cheque. If they come back within the three-month period we would then release the cheque for the appropriate three months. If they stay longer than three months, then we would close our files as far as that case is concerned until they come back, and then they would have to reapply.

It is primarily predicated on the fact that one has to be a resident in Ontario to be eligible.

**Hon. Mr. Drea:** Were they back within the three months?

**Mr. McGuigan:** Yes. The poor lady gets all

excited in the fall and then gets all excited in the spring because when she sends in her claim for this money she does not readily get it.

**Hon. Mr. Drea:** Where do they send it to? The Chatham office?

**Mr. Alfieri:** Yes. The cheques are normally triggered from the Chatham office and the arrears are paid by the Chatham office.

**4:10 p.m.**

**Hon. Mr. Drea:** Under the new arrangement, where the files are there, Chatham can now handle it directly instead of having to ship it back here. The problem in the past was Chatham would have to look at it and send it back to Queen's Park with a recommendation. Then it would wend its way through Queen's Park and back out. Her particular file, at least by this spring, will be in Chatham.

**Mr. Alfieri:** With respect to that situation, the decision and the ability to issue a cheque are already in Chatham.

**Hon. Mr. Drea:** So they can issue it right there; they do not have to come here any more. Since they know her, that should cut it down. Tell her it is all handled locally.

**Mr. McGuigan:** That will probably solve it.

**Hon. Mr. Drea:** Once you start mailing anything, it is good for three weeks. I do not know where she lives, but she is obviously much closer to Chatham than she is to Toronto.

**Mr. McGuigan:** That solves my problem.

**Mr. R. F. Johnston:** I would like to go back to this matter about the CAS, although not about that specific case. Rather, I would ask for an update from the minister or the staff on the strangulation death of a child in Regent Park. That occurred just recently—a child, as I understand it, who was under care. I would like some update in terms of what is happening there. It is the most recent case and I was wondering what is happening.

**Hon. Mr. Drea:** The mother has been charged and remanded.

**Mr. R. F. Johnston:** There has been a follow-up?

**Hon. Mr. Drea:** The mother has been charged and was remanded to the Queen Street Mental Health Centre, so it is sub judice.

**Mr. R. F. Johnston:** Was the child under care? It was not exactly clear in the news report. It



made it sound as if the child had been at CAS, but I was not sure whether the child was at the time or not.

**Hon. Mr. Drea:** Are you asking if the child was a ward?

**Mr. R. F. Johnston:** No, but was the family being visited by CAS?

**Hon. Mr. Drea:** Yes, by Catholic children's aid, and they were in the process of a hearing, I believe.

**Mr. Barnes:** There was a supervision order.

**Hon. Mr. Drea:** There was also to be a hearing, was there not?

**Mr. Barnes:** Yes.

**Hon. Mr. Drea:** There had been a question of a voluntary placement with the children's aid society, but that had broken down and they were going to a hearing. In the meantime, there was a supervision order.

**Mr. R. F. Johnston:** Would you have had a full report on that case from your perspective in the ministry at this point?

**Hon. Mr. Drea:** No.

**Mr. Barnes:** We are looking at the files now.

**Hon. Mr. Drea:** And when we do it has to go to the crown.

**Mr. R. F. Johnston:** Was the child also involved at all with the parent resources group active in the area?

**Hon. Mr. Drea:** No. If it had been, it would have had to have been turned over to the Catholic children's aid. That has been their practice if there was a high risk.

**Mr. McClellan:** I am sorry, I missed some of the exchange. Would it be possible to get a report?

**Hon. Mr. Drea:** The mother is charged and on remand. I do not know whether they have moved her again, but she was remanded initially to the Queen Street Mental Health Centre, so I presume there will be another court appearance. I presume she is in the Metfords unit group.

**Mr. R. F. Johnston:** Just to leave that but to extrapolate from it, has there been any change of position on the parent resources group or is that situation the same?

**Hon. Mr. Drea:** The same.

**Mr. R. F. Johnston:** So they will not be continuing to operate, one would presume.

**Hon. Mr. Drea:** If they have someone to purchase their services, they will.

**Mr. R. F. Johnston:** But all of the children's aid societies, the Catholic children's aid society and the other potential agencies have said no, as far as I know, and that is not possible.

**Mr. Carman:** They have not said no finally.

**Mr. R. F. Johnston:** None of them has indicated it has a budgetary amount of \$150,000, or whatever, that is available for that kind of care. That is the question.

**Hon. Mr. Drea:** First of all, they would not have it because they are not purchasing the service at the moment. If they were to see some value in the service and purchase it, then they would come forward.

**Mr. R. F. Johnston:** Is the ministry involved at all in discussions about the possibilities?

**Hon. Mr. Drea:** Yes.

**Mr. R. F. Johnston:** How actively are they taking place? Are there regular meetings among children's aid, the parent resources group and the ministry? Could you fill me in on what is going on?

**Judge Thomson:** In the last couple of weeks there have been some specific discussions with the director of the agency. There have been specific discussions with the two children's aid societies that have had some relations with parent resources about their ongoing possible involvement or role. It has been ongoing and it has been with the executive directors of the agencies and with the director of the parent resources program.

**Mr. R. F. Johnston:** I do not like to make it sound like the union bargaining table, but is there hope?

**Hon. Mr. Drea:** There is a research report which is not very helpful.

**Mr. R. F. Johnston:** In terms of their statistical stuff?

**Hon. Mr. Drea:** Yes.

**Mr. R. F. Johnston:** Was it something they did themselves?

**Hon. Mr. Drea:** Or that they commissioned.

**Mr. R. F. Johnston:** Their own evaluation, but they commissioned it themselves.

**Hon. Mr. Drea:** Yes.

**Mr. R. F. Johnston:** That has been existent now for some time, six weeks or so. In terms of the discussions that are taking place now at the directors' level—I do not know if Judge Thomson is involved—are you pleased with the way those are going? Do you think there is hope or do you think there is not? Are you going to be enigmatic?

**Judge Thomson:** I think I am going to be enigmatic and simply say those discussions are ongoing. I do not think at this point I can tell you whether or not they would produce any results that would affect the ongoing life of parent resources.

**Hon. Mr. Drea:** I think there are also some internal discussions within parent resources and the board. Bear in mind that the first research report tabled was an interim one. There is a subsequent one, but not much change. Is the first one not interim?

**Judge Thomson:** Yes. There are some discussions going on. Actually, this week there is a meeting with the researcher and an outside person who reviewed the research report to discuss further changes and additional information that is needed as part of the evaluation.

**Mr. R. F. Johnston:** Could we revert for a moment; would you like to read the Criminal Code?

**Judge Thomson:** Perhaps I could read the section. I will read you the section and then read you the definition of "abandon" which will help fill in the meaning of the section.

**Mr. Chairman:** Is this the Criminal Code?

**Judge Thomson:** That is right. The charge has been laid under section 200 of the Criminal Code. I should say before I begin that there was more than one incident of child abuse involved in this case, but there is absolutely no suggestion that any of the people charged in connection with the agency were part of or inflicted any of that abuse. When I read the section I want that clearly to be understood.

The section says: "Anyone who unlawfully abandons or exposes a child who is under the age of 10 years so that its life is or is likely to be endangered or its health is or is likely to be permanently injured is guilty of an indictable offence and is liable to imprisonment for two years."

Then in section 196 "abandon" is defined as follows: "Abandoned or exposed includes (a) a wilful omission to take charge of a child by a person who is under a legal duty to do so, and (b) dealing with a child in a manner that is likely to leave that child exposed to risk without protection." It is that definition of abandon that is being used to amplify the charge against the people themselves.

**Mr. R. F. Johnston:** The two things are together in terms of the definition?

**Judge Thomson:** Yes. It includes those, and I

am just guessing, but I think the way (a) and (b) under section 196 would be read is that each one of those is a definition of abandonment.

**Mr. R. F. Johnston:** There have been no cases of this being used that you know of?

**Judge Thomson:** That is right, none at all; either in terms of charges or convictions.

**Mr. Chairman:** In other words, is this a precedent, the first case?

**Judge Thomson:** Yes. From what I can see the laying of the charge is a precedent, and a finding either way when that case is disposed of would be a precedent.

**Mr. R. F. Johnston:** I have no further questions on this particular matter. I wanted to move on to the native kids' program you are operating in the north. I alluded to it during my remarks and I wondered if we could have an update on that program.

I will provide some filler first, if you like. I had an opportunity to be in the northwest of the province in the last week or so and talked to some of the people involved in delivering the service in the Kenora district. I was pleased to learn of some of the developments that were taking place there.

**4:20 p.m.**

I would specifically like to know about the numbers of kids who are now being looked after on the reserves, rather than going into care in white homes outside of the reserve. I would like to know the status of the group home situation, which I gather is starting in either Whitedog or Grassy Narrows. I cannot remember which.

**Mr. Carman:** It is Whitedog.

**Mr. R. F. Johnston:** I would like that kind of information from you across the board, because it seems to me the direction that is going in is excellent. I just wanted to know how it is moving and how quickly things were developing in the north at the moment.

**Mr. Chairman:** Before you answer, I just want to check whether all members have received copies of the Social Assistance Review Board's latest figures that you requested last week. You all have that.

**Judge Thomson:** Perhaps, Mr. Chairman, I can answer at least part of the question. The projects being referred to, the major ones, are those which relate to on-reserve child welfare prevention programs. These involve projects funded through children's aid societies but primarily involve bands themselves, hiring native

persons who work on the reserve and work with children and families with a number of goals in mind.

One of them, as stated, is trying to reduce the number of children removed from the reserve. Another goal is trying to increase the number of basic prevention services available on the reserve. A third goal relates to assisting non-native children's aid personnel in both understanding the reserve and understanding how to work with families. A fourth goal is to increase the number of placements of children who need to be removed from their homes with native families as opposed to non-native families.

We started a number of these projects about two years ago. They got off the ground more quickly in some areas. In the Rainy River area, a couple of them on Big Island and the one next door got going fairly quickly. Moses Tom was the native worker in one of them. Those two projects got going quite quickly.

While the result there has not been that there have been fewer interventions, the result generally has been that any interventions which have occurred have involved keeping the child on the reserve itself, so the child who had to be removed would be placed with another family on the reserve.

On one of those two reserves, we have licensed a group home. My most recent information is that it is going through some growing pains as a group home, but it is a home which purports to take both CAS placements and corrections placements on the reserve itself.

**Mr. R. F. Johnston:** How many children?

**Judge Thomson:** They were licensed for six. As I say, there have been some recent developments with respect to staff for the home that have created some problems, some growing pains, which people are trying to iron out at this time.

There are some other projects which were begun on Grassy Narrows and Whitedog and a couple of others up in the Kenora area. They were a little later getting started, although they involved even more involvement of the band in planning in terms of introduction of the program. They are now well under way, as I understand it.

We also began some work up in the Moosonee area. Some recent figures I saw relating to Moose Factory and the provision of resources there indicates that there has been a very dramatic turnaround in the numbers of children brought into care. In fact, there has been almost a reversal in numbers. There are very few chil-

dren, if any, being brought into care in that area because the reserve is being supported in providing for families and children in a way that children do not have to be removed.

**Mr. R. F. Johnston:** Why do you think that is happening there and not in the other example you raised in Rainy River?

**Hon. Mr. Drea:** Having been there, I have noticed a remarkable change. In the delta area there is a tremendous primary resource in the hospital which, as you know, is not an ordinary hospital any more because of the various arrangements with teaching hospitals in the south. That has provided a tremendous resource for our own workers and for native families, particularly on the Moosonee side, which in the past has been a relative transient area.

It might be simplistic, but the value of the professional resources available through the hospital cannot be underestimated. It is a very unusual circumstance. I do not think you will ever find another resource of that magnitude in an area outside a major metropolitan area. I do not know how familiar you are with it.

**Mr. R. F. Johnston:** I have never been there.

**Hon. Mr. Drea:** The university teaching hospitals in southern Ontario are responsible for certain components of the care setup there. Consequently, it is far beyond a general hospital for the immediate physical needs, particularly in areas of expertise in paediatrics, psychiatry, psychology, et cetera.

**Mr. R. F. Johnston:** Do they do preventive work like this as well?

**Hon. Mr. Drea:** Yes. The resource there enables an enormous amount of work to be done.

**Judge Thomson:** I did not mean to imply that there was an enormous difference between the two in the nature of the service. It is just that on the reserves near Rainy River, providing the program does not change the fact that crisis situations arise in which families need help.

The introduction of the program did not change or take away the need of the agency to be bringing to bear resources in that community—in fact, more resources than they had before—but they are going into resources on reserve; for example, foster home placements with other native families on the reserve itself or, in some cases, the neighbouring reserve. There was not an instant cost-saving result, but there was a shift of new resources on to the reserve instead of off the reserve, which is where the real growth was before.



**Hon. Mr. Drea:** In the area of the James Bay delta, it is a much more localized situation. Each reserve is an entity there. There is no road. The only real general area is Moosonee itself. The reserves up the bay are all localized, whether it is—

**Mr. R. F. Johnston:** That is what interests me.

**Hon. Mr. Drea:** —Attawapiskat or Fort Albany or Kashechewan, or right on up. There has traditionally been a service component, although it was not necessarily Health, right down into the hospital, which is part and parcel of the Moose Factory reserve. With the exception of the Moosonee, it is not a terribly transient area.

4:30 p.m.

**Mr. R. F. Johnston:** What fascinates me is that there has been a major reduction in the number of kids coming into care in that area.

**Hon. Mr. Drea:** Yes.

**Judge Thomson:** From Moosonee?

**Hon. Mr. Drea:** In that whole area.

**Mr. R. F. Johnston:** From Moosonee as well?

**Hon. Mr. Drea:** Yes.

**Mr. Barnes:** We have had a worker up in Moosonee over the last 18 months and we have had a dramatic effect as a result of this work.

**Hon. Mr. Drea:** What I am saying to you is it may be simplistic and you may not be able to prove it statistically, but the fact there is a major resource right there is really something that cannot be underestimated and there is no other area that has that substantial a focal point.

**Judge Thomson:** I wanted to mention, Mr. Chairman, that what we have done is set aside some resources so we can expand the number of projects each year. This year we think there will be eight new projects started across the province. There is one each in the Kenora, Rainy River, Thunder Bay, Sudbury, Nipissing, and Kapuskasing areas. In the east, there is one in the Cornwall area and also one in the west on a reserve in the Sarnia-Lambton area.

We have set aside resources so we can expand these projects on an annual basis. We are also looking at ways in which we can improve the adoption program with the thought of perhaps developing some specialized resources for the placement of Indian children with native families when adoption does become necessary. Thirdly, we are looking through the omnibus proposals at some ways that we can strengthen the role of bands in the child welfare process itself. We hope to have some proposals to make in that area over the next little while.

**Mr. R. F. Johnston:** In terms of the ongoing development of this and its evaluation, what is the role of the band? What is their role in decision-making? What is the process at the moment?

**Mr. Carman:** Mr. Chairman, the position we have taken is that we are prepared at this stage to have a heavy involvement in the planning in a participative way between the ministry and the bands. At the present time the relationship between the federal government, the provincial government and the bands is being worked out under the auspices of the tripartite commission, but there is still not a new arrangement at this time.

What has been asked for on the part of the native groups is that a long-term goal be established which would indicate that the provincial government was in support of local self-government on the part of the native people for all things, including social services in the case of this ministry.

It has been the view of the ministry that there are two things which do not warrant us taking a position in support of this at this time. One is that we still have the Indian welfare agreement which indicates that we are providing the services on behalf of the federal government. So questions of the decision-making relative to this matter seem more properly to be between the federal government and the native persons in terms of the whole question of self-government. The federal-provincial papers on that have covered a number of suggestions regarding the long-term developments in that area.

The other aspect is that we feel the projects that Judge Thomson has just described have shown that a great deal can be achieved by implementing programs where native workers are hired, the cultural uniqueness of the native culture is recognized, programs are designed to be sympathetic to those characteristics and the programs are designed jointly between ourselves and our agents, in this case the children's aid and the native people. We want to give that a complete workout before moving on to the point where we make any commitment to a greater degree of autonomy.

**Mr. R. F. Johnston:** How long?

**Mr. Carman:** It is very difficult at this stage to determine a suitable answer to that question. To a certain extent, the omnibus proposals that Mr. Thomson was talking about suggest that where a band would be in a position to actually operate

a child welfare agency, to the same extent that the southern Manitoban is operating, then this would be considered at a fairly early date.

However, it is clear that not all bands are in the position of the south Manitoba area. One would, therefore, not end up having a unicameral kind of policy relative to such a development. Also, it is far too early to determine what can be achieved with this other proposal, with the other developments which are under way. If they are as successful as the ones which are now under way, one could do a lot more development in the area of native services without necessarily having to make mammoth changes in terms of factors of authority and accountability.

**Mr. R. F. Johnston:** How does the evaluation process that you will be going through work?

**Judge Thomson:** There is a woman whose name is Andrea Maurice, and I could have her talk to you about the program evaluations we have been doing on the existing projects. She has designed a fairly easy-to-administer evaluation approach which ties the program into specifically measurable goals so that every year a band and the local agency can see where they are accomplishing the concrete results they have set for themselves.

It was through the first-year evaluation we discovered that in the Rainy River one there was not in fact a decrease in expenditures, but where the dollars were going was significantly different. I could have her give you an overview of where those evaluations are, if you would like.

**Mr. R. F. Johnston:** I do have a throwaway question on native matters, which I was not going to raise because I understood the funding for the Kenora street patrol had gone through and that there was an agreement. Have they actually received the money? I gathered when I was up there they actually had to lay off people for a while until the money came through. There was verbal agreement over the phone or something, but the cash had not arrived and there were layoffs.

**Mr. Barnes:** As far as I know it has gone through.

**Mr. R. F. Johnston:** It may have just been a couple of days in between before there was some written notification.

**Mr. Chairman:** Any further questions on item 6, children's services?

Item 6 agreed to.

On item 7, developmental services—adults and children:

**Mr. McClellan:** I would like a progress report on the interministerial program to rescue the children from the situation they were in in homes for special care.

**Hon. Mr. Drea:** We are delighted. It is spectacular. Would you like us to commence?

**Mr. McClellan:** It will be the first time we have had a report.

**Hon. Mr. Drea:** We will have two going out to the community relatively soon, which I think is spectacular.

**Judge Thomson:** Mr. Chairman, I am the chairman of the interministerial committee implementing that project.

**Mr. McClellan:** This is new, is it not?

**Judge Thomson:** No, I have been the chairman for some time.

**Mr. McClellan:** For how long?

**Judge Thomson:** For over a year.

**Mr. McClellan:** That explains the progress.

**Judge Thomson:** Thank you very much.

**Hon. Mr. Drea:** Bear in mind we are the pre-eminent ministry.

**Judge Thomson:** I can report that I think we are doing very well. With respect to the children's programs, we have completed all of the assessments. We have introduced programs in a number of areas. We have set up groups of people in every area of the province that are reviewing all of the assessments and coming up with the program proposals and then providing an overview as we implement the programs into each area.

The first home for special care we introduced programs into was the one in Brantwood. You may remember that was the one that had the schedule II facility in the front of the building and then the homes for special care in the back. We have completed all the assessments; we have transferred the home for special care over to us as part of a schedule II facility; and we have introduced several hundred thousand dollars' worth of programs.

**Mr. McClellan:** Just to refresh my memory, that is one of my old hobby horses. When did the final transfer from HSC to schedule II take place?

**Judge Thomson:** It was this year, but I am not sure exactly whether it was spring or summer.

**Mr. McClellan:** Anyway, for that much thanks.

**Hon. Mr. Drea:** It seems to me it was some time either at the end of June or during part of

the summer, because I went into two schedule II facilities where the transfer had just been completed about that time.

**Judge Thomson:** The Jann Lynn home is another example of a home where there has been the introduction of a large number of added programs. There is one called Lakewood, where the programs have either been introduced or about half of them have been introduced. There are a couple of others where we have had some difficulty because the homes have been kind of far removed from urban areas and it has taken a fair amount of ingenuity to come up with ways to introduce those programs.

There is always some delay between the assessments and the introduction of the programs because of the need to come up with a concrete plan to add services to the home as a whole. As I say, we have completed all the assessments. We are now into the assessments of the adults and the development of programs for them.

**4:40 p.m.**

Secondly, we have come up with a policy in relation to the screening of private placements in those homes so that there will be a screening committee to look at all private placements in homes for special care, to review those proposed placements to make sure that they are appropriate, and to develop alternatives where it seems that a placement in a home for special care is not appropriate.

Thirdly, we have set up a service co-ordination model, a sort of an advocacy model, so that for every group of children in one or more homes for special care we have a person whose sole job is to be an external—in some cases internal, as we are trying different models—services co-ordinator, an advocate for those children, independent of those who are providing the service itself. We have a task force that is now going through what one would call the rationalization exercise, going through each of the homes to determine which should transfer to our ministry and how each one should be dealt with in terms of providing the services.

In some cases, as you know, we have homes with mixed populations and we are trying to come up with a plan that does not disturb the placement of children and adults unduly, but also tries to develop homes that are totally full of developmentally handicapped people so that they can transfer over to our ministry.

Finally, there is an issue that you raised in

relation to the placement of children out of facilities. What we have done is to introduce a policy which says that no child can transfer from a facility to a home for special care unless there has been the full assessment and the program that is to be introduced for that child, all the developmental programming, is planned and ready to implement when and if that child transfers. As a condition of any transfer, that must have been done in advance and must have been approved by the local advisory committee that introduces those programs. In a general way, that is where we stand.

**Mr. McClellan:** Just thumbing through my file here, when were the assessments completed? I assume these are the 400 assessments of the children and young adults under age 21?

**Judge Thomson:** That is right.

**Mr. McClellan:** Are there the same number of young people? Have you done 400 assessments?

**Judge Thomson:** Actually, the number of case conferences and individual development plans we completed as of the end of August was 800, so we are well past the number of children we were originally talking about.

Remember, though, there are two or three assessments we do for each child. There is the medical, the educational and the social work assessment. I am not quite positive whether that—it says the number of individual development plans completed, so then each one has to be a person. I think that is 800 people in total for whom we have the individual development plans. I am not positive about that.

**Mr. McClellan:** If I can refresh your memory of the original timetable when this program was announced in April 1980 it was as follows: By September 30, 1980, the assessments will be completed for the 400 children and young adults under the age of 21; and by March 31 an additional 300 adults will have been assessed and programs will be introduced as soon as possible.

I raise it because we have been behind schedule. We seem to be on track and that is really good.

**Judge Thomson:** I think we still have a bit of catching up to do with that overall original schedule, but the programs are now being introduced at a very rapid pace. I was just looking at this. We have Brantwood, Jann Lynn, Lakewood and Ark Eden pretty well settled and we are just introducing the programs now in seven other homes.



**Mr. McClellan:** I have a couple of questions still. I will start first with the last point Judge Thomson covered, transfer from facilities. The minister may not be aware of some of the background to this, but I have always expressed in fairly crude terms my belief that it was kind of a process, which I referred to as laundering, for getting kids into homes for special care when they were not supposed to be in homes for special care.

People kept saying this was happening despite the fact that we were not supposed to be institutionalizing children. That is the basis of the concern. The children were not showing up in schedule I facilities and were not even showing up on the books of schedule I facilities, but they were being routed through schedule I facilities into homes for special care in which they were getting absolutely no programs. That was the concern.

I am not sure I am entirely happy with the model that has been suggested. It is certainly an enormous improvement to require that there be an assessment and, at least on paper, a program. I continue to remain sceptical about the capacity of the homes for special care to provide programs.

Again, you will have to explain to me how it is you intend to fund homes for special care so they have the capacity to provide programs. I raised in at least two estimates, in 1980 and I think in 1979, the problem we finally resolved at Brantford San.

If you had ever been there before you converted the whole thing to a schedule II facility, you would know precisely what I am talking about. Part of the facility was a schedule II facility, funded as a schedule II facility and with the full range of programs, and it was a model program. On the same grounds in the same facility there was another group of children, also in the Brantford San, who had the tragic misfortune to be in homes for special care, funded as a home for special care but without any program. It was under the same roof.

I know that is over, but the problem I am pointing to is how to get programs into a home for special care, because the legislation does not provide anything except room and board, as opposed to the Developmental Services Act which provides funding for residential care and good programs. Someone please explain to me

how you are getting resources into the homes for special care to permit the programs to be put into place.

**Judge Thomson:** In the case of the Brantwood one, by turning it into a schedule II facility—

**Mr. McClellan:** I understand that. If you were doing that right across the province, I would be really happy.

**Judge Thomson:** That may be the result. As a result of the exercise we are now going through in looking at each of the homes, a large number of them may become schedule IIs. Apart from that, we are flowing the money and we are flowing it through purchase of service arrangements.

To give you an example, in Jann Lynn we have now introduced programs relating to infant stimulation and early childhood development, an education program, a life-skills program, a recreation program, behaviour management, social work and service co-ordination—that is that advocacy model. It adds up to \$352,000 a year of added programming to Jann Lynn and it is through a purchase of service arrangement from us to that program.

In the Lakewood Nursing Home, in Huntsville, there are the same kinds of programs, adding up to \$550,000 a year of added programming, being purchased by us in that home, which at this point is still under the jurisdiction of the Ministry of Health. The way we have been doing it is through a specific purchase of service arrangement. When and if they transfer over, then we just do it as part of the budget.

**Mr. McClellan:** From what you have said, just so I am clear, it is your hope to move, and I assume that is what the task force on—what is it called, I lose track of the names of all the task forces?

**Judge Thomson:** This one is the rationalization of the program or something like that. I am not sure we have a specific title.

Provided the programs are available and are being introduced, and provided one can get over this hurdle of the mixed population, the premise we have been working from has been that ultimately a number of these programs could transfer over and become part of our ministry, probably as schedule II. Some of them could be under the Homes for Retarded Persons Act, but probably they are under the Developmental Services Act.

**Mr. McClellan:** Could you at some time convenient to staff have prepared a list of the homes for special care that are accommodating,

initially at least, retarded children and the others who have been assessed? I would appreciate that.

**Judge Thomson:** Yes, I can provide you with that.

4:50 p.m.

**Mr. Chairman:** Thank you, Mr. Thomson. Do you have any further questioning, Mr. McClellan?

**Mr. McClellan:** I do not think I have any more questions on this item. I do want to raise a couple of other points in rotation.

**Mr. Sweeney:** Mr. Chairman, my apologies for being late. I just sort of caught the tail end of Mr. McClellan's question. Has the question of the special needs agreements and the relationship between the federal and provincial government come up?

**Mr. Chairman:** Not yet, no.

**Mr. Sweeney:** Perhaps the minister or the deputy or someone could give me an answer. I have met with parents and with the staff of the Sunbeam Home and, as the minister will know, that is one of the places where that new parent special needs agreement comes in.

They were told the only way the money could flow from the federal government was if the parents signed the special needs agreements here in Ontario. Then they were told later on that that was not necessarily so. Therefore, there has been some confusion with the parents as to just what is the reality. Could you very briefly explain it to me?

**Hon. Mr. Drea:** Yes. To get the federal money to flow, you must sign the special needs agreement. Where the area of confusion apparently has entered is that part of the special needs agreement is the contribution by the parent. The special needs agreement itself is required by the federal government. As to the funding on it, or the parent's contribution, when this was being devised the ministry consulted with the Ontario Association for the Mentally Retarded. The OAMR felt very strongly that since the parent had to contribute to community living—it was not entirely paid for by someone else—it did not want a disincentive whereby a child might be placed in a facility.

Therefore, as part and parcel of their support for the program, they wanted that contribution by the parents for the child who was in a facility to be on the same general economic terms as one who was not in a facility. Does that clear up

the confusion? It has been clouded, even though these things are supposedly very straightforward and are on paper.

However, when you talk about the special needs agreement, I think you have to look at the totality of it, which also involves the parental contribution. It gets fuzzy as to where the monetary requirement comes from. It does not come from the federal government. Anyone who had a child in a facility prior to April 1, 1980, is not required to do this, although the funding does not come for that child if the parents do not sign the special needs agreement, they are not forced to. It is mandatory on the person coming in after April 1, 1980.

Of 1,300 prior to April 1, 1980, only 75 have not signed. Even that is a high figure, because in some cases they are willing to sign, but there is a court custody thing going on because of a divorce or a separation in the family and custody has not been granted.

**Mr. Sweeney:** Mr. Minister, can I just clarify one last part of it? My understanding then is that the Ontario Association for the Mentally Retarded has recommended to the ministry that the parents pay this share. The ministry has accepted that recommendation and made it part of its signing of the special agreement, but the federal government does not require it.

**Hon. Mr. Drea:** No. To make it even fuzzier, at one time it was on the basis of discussions back in 1976-77, when there was the impression given that the federal government would want this. When the time came, they did not.

There is one other point I want to make absolutely plain. In terms of family allowance, or the baby bonus or whatever it is called, if a child is in a facility—nothing to do with a special needs agreement or anything else—we want that money to be paid to the facility, for rather obvious reasons. You are getting that money from the federal government because you have the child at home.

If the child is in a facility or institutionalized for any reason, but is not necessarily developmentally handicapped, the family is not eligible for that family allowance. That amount is paid by Ottawa to the facility and they take into account in their funding. That is not extra; that is included in their calculations of what the cost sharing would be.

**Mr. Sweeney:** Does that include the child tax credit?

**Hon. Mr. Drea:** No, I am talking about the straight cheque that the mother would receive.

They are eligible for a great number of things on the tax credit—for visits, almost anything. Because of that special needs agreement they can cite the program the child is in and probably do much better under that child tax credit than they could before, but that is their own.

In order to get that, they have to show they have expended some funds. They are two entirely different things. The one you do not get unless the child is domiciled in the home—I should not say that; where a child is in the care of an agency or a facility for any reason, then that baby bonus or family allowance, or whatever, is handed over to the institution or to the children's aid or whatever. That has been standard for a long, long time.

**Mr. Sweeney:** Is it possible for those parents who had children in an institution prior to April 1980 to sign the agreement without transferring any money, so the money can flow to you from Ottawa?

**Hon. Mr. Drea:** No, because we have two agreements. One agreement is with Ottawa, but the second agreement is with the OAMR. They did not want a disincentive to having a child in the community and they wanted a payment by the parents.

**Mr. Sweeney:** So the agreement is an all or nothing agreement?

**Hon. Mr. Drea:** Yes, two parts, and we could not—

**Mr. Sweeney:** But as far as the parents are concerned, they are either in or they are out.

**Hon. Mr. Drea:** That is right, but there are two parts to it. We could not have executed these agreements without the wholehearted support of the OAMR, for rather obvious reasons, and this is what they wanted on the parental contribution.

The problem is there is always an emotional concern there in regard—it is a difficult question for people in the OAMR because of the views of individual parents of individual children as to the facility or the community. As you know, it is a very emotional subject.

**Mr. Sweeney:** I am well aware of that. That explains the difference, then. I will be able to explain it to the parents.

**Judge Thomson:** I wonder if I could add two things in addition to what the minister said. One is the special needs agreement which gets the cost sharing also has in it the agreement to enter into the parental contribution agreement, which comes afterwards.

In fact, I think some confusion arose because those two are really together and I am not sure that we, in all cases, very clearly separated the fact of signing the agreement from the agreement to later enter into the parental contributions. That is why some parents, I think, did not see the distinction between the agreement and the parental contributions, and that is why confusion arose in some cases.

Secondly, up until about two or three years ago we had 80-20 funding of community residences and that created a situation in which some parents were paying up to \$250 a month for the support of their child in the community residence in order to help make up the remaining 20 per cent. It was then that we introduced the new method of funding that introduced the principle of parents paying up to a conservative estimate of the basic cost of care of a child without in any way requiring them to pay for the special needs of the child. That is where the 40 to 90 parental contribution requirement was introduced.

We then had the situation of the reduced parental contribution for community residences, but still they were paying there and not paying in the facilities. The OAMR agreed with the introduction of a consistent approach across both, so you did not have the anomalous situation of almost an incentive not to have a child come out into a community residence because parental contributions were required there and not in the facility. That is the kind of approach they still have in British Columbia, for example, where there is no parental contribution for the facility but there is for the community residence.

5 p.m.

So it was recognizing the logic of having equity between the facility and community placements that led to OAMR supporting very strongly the approach we took around parental contributions in that context.

**Mr. McClellan:** Mr. Chairman, I may come back to that item, time permitting, but I think I have already expressed my views. I want to deal with the Zarfes report on the utilization of Depo-Provera in facilities for the mentally retarded.

**Mr. Chairman:** Unless my hearing is impaired, I hear some bells.

**Mr. McClellan:** We probably have about 10 minutes and I may be able to say what I want to say in 10 minutes, if that is acceptable.

I have to say that, while I was pleased that Dr.



Zarfaz was commissioned to do the study and I was in many respects pleased with the report, there are an awful lot of questions that have not been answered and I really have to ask the questions again today.

I may not be able to get the answers that I want, but there are some really startling things in the Zarfaz report, not the least of which is that when the question was asked in June 1980, the minister did not know how many patients in institutions under his jurisdiction were receiving Depo-Provera. This was understandable, but when he gave the first answer to the question he said, on June 12, 1980, that 225 residents were receiving Depo-Provera. Miraculously enough, by October 1981 when this survey was published there were 533.

This is not the first time that some pretty basic information about what is happening, particularly in schedule I institutions, has been dead wrong.

I think it is important to review briefly Depo-Provera. It reads like a bad TV script. It was developed by the Upjohn company as the super-answer to birth control, it was going to be an injectable birth control drug that would last for months and months and months. The only problem was certain side effects, certain adverse reactions, so it was not authorized for use in the United States.

That never stops some of the big drug companies. It was then used by the Upjohn company in the Third World for purposes for which it was banned in the United States.

**Hon. Mr. Drea:** And elsewhere.

**Mr. McClellan:** The Third World and elsewhere? I am only familiar with its use in—

**Hon. Mr. Drea:** Europe, including western Europe.

**Mr. McClellan:** Really? That is pretty sad, too.

**Hon. Mr. Drea:** It was used.

**Mr. Barnes:** The minister is saying it was used, not banned.

**Mr. McClellan:** As a birth control drug?

**Hon. Mr. Drea:** That is our understanding.

**Mr. McClellan:** Someone should check on that. My understanding is that it was only used as a birth control drug in the Third World.

**Hon. Mr. Drea:** No, we understand there have been certain legalizations in the last little while.

**Mr. Chairman:** We have five minutes to return to the House, for your information.

**Mr. McClellan:** Perhaps we can adjourn and continue.

**Hon. Mr. Drea:** Is there any information you want?

**Mr. McClellan:** No, but I have some things I want to—yes, there is, as a matter of fact, but there are some things I want to say.

**Hon. Mr. Drea:** If you will tell me what the information is, we will get it for you during the interim.

**Mr. McClellan:** I do not think you could.

First, am I correct, from table four of the report, that—I really do not want to rush through this, Frank.

**Hon. Mr. Drea:** No. I thought you wanted statistical information. You can take your time.

**Mr. McClellan:** There are 230 cases that were discontinued in 1980. I assume that was after the question was raised in the Legislature.

**Hon. Mr. Drea:** Yes, after the study commenced.

**Mr. McClellan:** That is right.

**Hon. Mr. Drea:** Either way you want put it.

**Mr. Chairman:** Although we had agreed last week to complete the estimates today, I feel we may either have the option of continuing tomorrow or vote on these. I ask the committee, because of the bells, whether we will pursue tomorrow or can we vote on item 7 now—

**Mr. McClellan:** The vote, according to our whip, is at 5:30.

**Hon. Mr. Drea:** At 5:30? Okay.

**Mr. Chairman:** Is it at 5:30?

**Mr. McClellan:** So I can continue and—

**Hon. Mr. Drea:** Yes; go ahead, please.

**Mr. Chairman:** I was given the impression it was in five minutes.

**Mr. Kolyn:** I was given the impression it is a 10-minute bell.

**Mr. Chairman:** Is it 5:30? All right.

**Mr. McClellan:** If I may, let me proceed.

First, I want to know how it is that the minister could be so seriously misinformed as to think that there were only 225 cases on the drug where in fact in one—let me just finish and then that will be easier, because I have a lot of material I am trying to compress and the—

**Hon. Mr. Drea:** I will tell you that you are going to have to get the answer from someone other than me, because I was not the minister.

**Mr. McClellan:** There are staff people here who are accountable to you.

**Hon. Mr. Drea:** That is right.

**Mr. McClellan:** I am asking you to get an explanation and relay it to me, because it does not make any sense—

**Hon. Mr. Drea:** You can get it right here.

**Mr. McClellan:**—when you had 230 women in the Rideau regional centre alone who were on Depo-Provera, which represents, as I understand it, 46.9 per cent of the total female population, I have to tell you that is absolutely stupefying.

Look at the comparison of the other schedule I facilities that are in table one of the Zarfas study in the appendix, page 26. The Rideau regional centre is 46 per cent or 250 women. When you go to Huronia, it is only 20 per cent. When you go to Prince Edward Heights, it is only 11.8 per cent. When you go to St. Lawrence regional centre in Brockville, it is 1.7 per cent. There is something really wrong.

**Hon. Mr. Drea:** No. Dr. Zarfas was asked that question himself.

**Mr. McClellan:** Yes.

**Hon. Mr. Drea:** I am not getting into the numbers with you, that is another question. You are just asking why it was used more frequently at Rideau than at other places.

**Mr. McClellan:** Yes.

**Hon. Mr. Drea:** Dr. Zarfas was asked that question after I tabled his report and one of the reasons at Rideau was that there were much more difficult cases there.

**Mr. McClellan:** Why was it, if there were so many difficult cases, that 230 of those 250 cases were discontinued after the question was asked in the Legislature? I am afraid that answer does not make any sense to me. There is something wrong at Rideau regional centre.

We are talking about a dangerous drug which has dangerous side effects. God knows I know little enough about the effects of various chemotherapies, but I have enough sense to be able to consult the compendium of pharmaceuticals and specialties to be able to read what kinds of precautions physicians are instructed to take with particular drugs.

Under Depo-Provera I am instructed to look under Provera, which is the oral form of the same drug and the precautions are all listed. I do not need to run through them all. They include pulmonary embolism, retinal thrombosis, cerebrovascular disorders, loss of vision, potential liver damage, and finally, of course, the concern that it is a carcinogen.

It is no secret that there are problems

associated with the administration of this drug. There is a particular caution with its administration to people who suffer from epilepsy.

Page eight of the report lists adverse reactions and we find that there are alarmingly large numbers of these; not just the three malignancies which caused death, but a number of epileptics, who had an increase in seizures, the 22 cases where there was clear vision impairment—

**5:10 p.m.**

**Mr. Barnes:** Excuse me for interrupting. I was going to say that to the best of my knowledge in reading the report—and I would want to talk to Dr. Farmer and Dr. Zarfas—it was very clear, particularly in the vision area, that there was absolutely no linkage in their minds. They said that in the returns this was so, but subsequently they found that, in the case of the vision, for example, it was not linked with the Depo-Provera at all, to the best of their knowledge.

**Mr. McClellan:** Page 14 says: "The response to the question being reported in table 17 necessitated a subsequent investigation. It is now evident that most of the reported visual disorders predated the use of DNPA," which is your point.

**Mr. Barnes:** Okay.

**Mr. McClellan:** However, there are approximately 22 cases where the diagnosis was made after starting DNPA.

**Mr. Barnes:** The point I am making is I raised this very issue with Dr. Zarfas, because that paragraph was of concern to me in exactly the same way. The response I was getting from him was that they could not make that link at all to Depo-Provera and, in fact, these cases would probably have developed in these people in any case. But I take your point in terms of the pure statistical potential.

**Mr. McClellan:** At any rate, the fact that 46.9 per cent of the women at Rideau were being administered this drug speaks to a serious problem at Rideau. I do not know what the problem is, but when 230 of those women can be taken off the drug like that, there is something really wrong.

My concern is that the drug is being used in the place of other types of care. That is why I am raising it. I have talked to other people in the field and in other facilities, who argue that you would not have to use the drug if you had the programs and staff in place to run the programs. We are playing Russian roulette with this stuff.

**Hon. Mr. Drea:** If I thought we were playing Russian roulette, Mr. McClellan, I assure you it would not be used. I do not think we are playing Russian roulette at all. I will find out for you why Mr. Norton made his statement, in June 1980, on the basis of the information he had.

**Mr. McClellan:** Can you also find out for me why 250 women at Smiths Falls were being given the drug before the question was asked and only—if my mathematics are right—25 remained on the drug after the matter was raised in public?

**Hon. Mr. Drea:** Yes.

**Mr. McClellan:** I am dying to know. You and I will simply have to disagree on my major concern.

**Mr. Barnes:** I will give you, on a very rough basis, my understanding of the situation at Smiths Falls. The minister has already indicated it was felt that a significant number of women required that treatment because of their behaviour, the upset they received during their menstrual cycles and so on. The reason for their coming off it was simply that the matter had been raised.

The physician at Smiths Falls felt that in view of the potential publicity because of the questions being raised about it at that time, he would be wiser not to use it in future. It was a personal decision of the physician, as I understand it, to change the prescription, to stop using it. I can get the specifics for you, but in broad terms that is my understanding.

**Hon. Mr. Drea:** Just to make it clear, any physician in the province can prescribe this drug. The only restrictions on it are in the advertising, promotional and descriptive material from the manufacturer. The impression has been given that it is not available for the public. It is not available over the counter, but the same applies to a large number of other products.

**Mr. McClellan:** I did not mean to give that impression.

**Hon. Mr. Drea:** You did not and I am not suggesting that you did, but there has been this idea. I think it should be made clear that this is available by doctor's prescription.

**Mr. McClellan:** Let me try to finish this off in 30 seconds. The other problem has to do with mutual consent. I would have thought, after all the discussion we have had at an interministry level on the issue of consent for involuntary patients, that we would not have the kind of confusion that is indicated in this document with respect to consent.

Page seven states, "Only 88 out of the 533 residents who were getting Depo-Provera were doing so under some kind of authorization." I do not know whether they are all classified as involuntary patients, but I assume they are.

Secondly, page 13 of the report seems to indicate that despite the fact that there were ministry directives with respect to the administration of consent forms and the procedures for obtaining consent laid down, these were not operative until October 1980. That is my interpretation of it in a nutshell. I hope I can have some assurance that the procedures laid down are being followed.

**Mr. Barnes:** My understanding is as yours. There was confusion around consent, so a letter was sent out in 1980, specifying very clearly the need to obtain consent for the use of this drug.

**Mr. McClellan:** I hope someone can explain to me why the rules were not being followed prior to that.

**Mr. Barnes:** The only answer is that where it was not followed, it was purely a case of omission. There is no other answer.

**Mr. McClellan:** I would appreciate some more information about this. I will look forward to receiving it.

**Mr. Barnes:** The requirements are being followed now.

**Mr. McClellan:** I accept what you say.

**Mr. Barnes:** I suppose I am asking what additional information can I get for you?

**Hon. Mr. Drea:** The readout, I suppose.

**Mr. Barnes:** I understand—the readout and the consents.

**Mr. McClellan:** Yes.

**Mr. Sweeney:** Do we have time for a supplementary?

**Mr. Chairman:** Yes, I am sure we do.

**Mr. Sweeney:** The minister will recall that Dr. Zarfes was also the author of a report—I guess it goes back about three years now—with respect to sterilizations being done. You were not the minister at the time. Maybe you are not aware of it.

**Hon. Mr. Drea:** No, I am not.

**Mr. Sweeney:** Mr. Carman might or Peter Barnes might. Do either one of you know of it?

**Mr. Carman:** No.

**Mr. Barnes:** No.

**Hon. Mr. Drea:** I do not think it was for us. Perhaps it was for the Ministry of Health.

**Mr. Sweeney:** It may have been.

**Hon. Mr. Drea:** I think so.

**Mr. Sweeney:** I was just going to ask if there was any connection between the two of them.



**Hon. Mr. Drea:** The choice of Dr. Zarfaz for this study is under some dispute now; they say a gynaecologist should have done it. But at the time, Dr. Zarfaz was probably the foremost practitioner of institutional medicine. He has been in facilities and has had quite a career.

We do not have many gynaecologists who have had experience with facility patients. Although gynaecology is not his specialty, the decision to choose Dr. Zarfaz was based on the fact that he was quite familiar with institutional patients, who are different to people on the outside.

5:20 p.m.

**Mr. Sweeney:** That reminds me—and you are correct; the study I referred to was for the Ministry of Health—that the present Minister of Health (Mr. Timbrell) ordered an immediate freeze on that particular procedure as the result of Dr. Zarfaz' report. We are talking in both cases about reproduction in women who are handicapped, in most cases mentally handicapped. That is why I was looking for some connection between the two reports. But apparently they are not connected.

**Hon. Mr. Drea:** Not really.

**Mr. Chairman:** Getting back to what I mentioned earlier, it was agreed last week that we should complete the estimates of the ministry today. If we were to stop at 5:30 that would give us about an hour and 17 minutes allocated on the Order Paper. It means actually 30 minutes if you follow your agreement last week to complete at six o'clock. If there were no bells, it would mean cutting down the allocated time by 30 minutes.

Do we vote, as agreed, that we will complete the estimates today? Or do we proceed tomorrow with the additional time of one hour and 15 minutes? I will entertain a motion.

**Mr. R. F. Johnston:** Mr. Anderson is absent, but I was hoping to have a report on shelters. I understand the reason for the absence. I have no difficulty with that at all. I also had some more questions about deinstitutionalization in mental retardation and your policies there.

**Mr. Chairman:** Perhaps the ministry could provide you with some of the information, Mr. Johnston.

**Hon. Mr. Drea:** Did you not get Mr. Anderson's information?

**Mr. R. F. Johnston:** I think it is probably here, but I do not know.

**Mr. Chairman:** I assume there is agreement that we vote on all the estimates. Shall item 7 carry?

Item 7 agreed to.

Vote 2902 agreed to.

**Mr. Chairman:** Mr. Minister, I would like to thank you and the members of the committee.

**Hon. Mr. Drea:** Just one thing while I am here: Since it will obviously be his last time in estimates because undoubtedly he will be in a higher post—

**Mr. Chairman:** Are you referring to Mr. Johnston?

**Hon. Mr. Drea:** I am referring to my parliamentary assistant, the member for Chatham-Kent (Mr. Watson), and I am telling you something you will learn officially in January. Since he will undoubtedly be in a higher post a year from now, I would like to voice my appreciation for the work he has done as parliamentary assistant, particularly the time he has devoted to visiting institutions and homes for the aged right across the province, which has enabled us as a ministry to have a much closer relationship with people in those places. He has done an excellent job. No minister could ever ask for a better parliamentary assistant.

Interjection.

**Mr. Chairman:** Before we adjourn, one simple question: We have three private bills before this committee. It takes five days to schedule this on the Order Paper. Could we agree on successive Wednesdays, starting November 25, or do you want to leave this until we finish the Health estimates and spend just one day, December 1, on these private bills?

**Mr. McClellan:** Whatever you want.

**Mr. Chairman:** I personally would prefer spending one day, December 1. Agreed? Thank you.

This concludes the estimates of the Ministry of Community and Social Services.

The committee adjourned at 5:27 p.m.

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## SPEAKERS IN THIS ISSUE

Drea, Hon. F.; Minister of Community and Social Services (Scarborough Centre PC)  
 Fish, S. A. (St. George PC)  
 Johnston, R. F. (Scarborough West NDP)  
 Kolyn, A. (Lakeshore PC)  
 McClellan, R. A. (Bellwoods NDP)  
 McGuigan, J. F. (Kent-Elgin L)  
 Shymko, Y. R.; Chairman (High Park-Swansea PC)  
 Sweeney, J. (Kitchener-Wilmot L)

### **From the Ministry of Community and Social Services:**

Alfieri, D., Director, Operational Support  
 Barnes, P. H., Assistant Deputy Minister, Children's and Adults' Operations  
 Carman, R. D., Deputy Minister  
 Thomson, Judge G., Assistant Deputy Minister, Policy and Program Development





# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Tuesday, November 17, 1981**

The committee met at 3:40 p.m. in room No. 151.

### SUPPLEMENTARY ESTIMATES, MINISTRY OF COMMUNITY AND SOCIAL SERVICES

On vote 2901, ministry administration program; item 9, systems development services; and vote 2902, adult and children's services program; item 4, income maintenance, and item 6, children's services:

**Mr. Chairman:** I see a quorum. I will call the committee to order. Yesterday—and my apologies, I am not going to pass the buck to the clerk or anyone else—in concluding the estimates of the Ministry of Community and Social Services we missed the vote on the supplementaries. The supplementary expenditure estimates for 1981-82 on vote 2901, item 9, are \$150,000, and on vote 2902, item 4, \$32,355,000, and item 6, \$2,020,800.

I would like to conclude by taking a vote on those supplementaries. It is a procedure that we have applied to other estimates, Colleges and Universities being the last one. If you look on the Order Paper today, it indicates that the estimates were completed on November 16, including supplementaries, and that is a mistake. I would not want this to go through when, in fact, we did not vote on the supplementaries.

If there are no objections to this, or any comments, I would like to ask the committee shall the supplementary estimates carry?

Votes 2901 and 2902 agreed to.

**Mr. Chairman:** Thank you very much for your co-operation, and as I said, my apologies.

This concludes the estimates of the Ministry of Community and Social Services.

The committee moved to other business at 3:42 p.m.

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**SPEAKERS IN THIS ISSUE**

Shymko, Y. R.; Chairman (High Park-Swansea PC)



Ontario

LEGISLATIVE ASSEMBLY

No. S-24

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Health

DEC 11 1981

**First Session, Thirty-Second Parliament**  
Tuesday, November 17, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC



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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Tuesday, November 17, 1981**

The committee met at 3:40 p.m. in room No. 151.

After other business:

### ESTIMATES, MINISTRY OF HEALTH

**Mr. Chairman:** Today, Mr. Minister, on a personal note, I and the committee wish health to the new member of your family and to your wife as well.

**Hon. Mr. Timbrell:** Thank you. You might wish a little sleep to me.

**Mr. Chairman:** The problems and the frustrations you will be experiencing in the next few days will not be related to the addition to your family, but perhaps to the matters discussed in this committee. The time allocated to these estimates is 16 hours. We note you will not be making an opening statement today, so we will begin.

**Hon. Mr. Timbrell:** Which is not to say I have nothing to say. But I thought what I might do is formally introduce to the committee my new deputy minister, Mr. Graham Scott, who came to the ministry a little over two months ago and is quickly learning the ropes of our very simple ministry.

There are two other ministry staff here who would not have been here last year. Dr. Dennis Psutka, in the back row, is the new executive co-ordinator of emergency health services. Dr. Psutka joined us in early September.

Paul Gardner, who is standing here, came to us from the Ministry of Colleges and Universities. He is the co-ordinator of health disciplines.

Everyone else who is here—and I will not introduce them all—was with the ministry last year, perhaps in a slightly different position. But these folks are all new.

I do not have a formal statement to make unless I am provoked.

**Mr. McClellan:** We will try to oblige.

**Hon. Mr. Timbrell:** Yes, I am sure. The last year has been a very eventful one for the ministry, with a number of new programs introduced and the continuation of some long-standing ones. It might be best if I let my opposition critics lead off and then respond to

whichever areas they choose to highlight in their remarks so I can get into some of these programs.

I might just comment on one thing, which is the continuing concern in my ministry, indeed in the whole government, with respect to this whole question of the fiscal arrangements with the federal government.

Of course, the budget of last Thursday did not give us any cause for relief. As you know, it contemplates a net reduction in the next five fiscal years of something in the order of \$1.1 billion in transfers to this province, which inevitably has to have some impact—at this point it is not clear how—on my ministry, which is the largest in the government, spending as it does between 28 per cent and 29 per cent of the present budget.

**Mr. Chairman:** We did have something of an opening statement. I thank you for your co-operation. We will begin with the critic from the official opposition, Mr. Van Horne.

**Mr. Van Horne:** Thank you, Mr. Chairman. I would like to join in the congratulations to the Timbrell family and wish mother, daughter, other children and father well. Having gone through this exercise six times myself, I can sympathize and empathize.

Beyond that, I can also chuckle, because I have passed that point of sleepless nights for those reasons. I am at the other end of the spectrum now, with sleepless nights on occasion caused by those young people who grew up and decided they can really look after themselves and stay out until one or two in the morning. However, that is part of the family cycle. I wish you and your family well.

**Hon. Mr. Timbrell:** Thank you very much.

**Mr. Chairman:** Your comments, Mr. Van Horne, also call for congratulations.

**Mr. Van Horne:** We do not want this to turn into a mutual admiration society. We have a function to fulfil and that is to be critical on occasion.

**Hon. Mr. Timbrell:** The readers of Hansard would never believe it.

**Mr. Van Horne:** By way of introduction, I have with me a young lady who is a Waterloo co-operative student. She is spending some time with the opposition Liberal Party and working in our research department. I am referring to Janice Holowaty, who is sitting over here. Janice is a delightful young lady and is giving me some help, along with other members of our caucus.

We have to share and scramble at times, so I was not able to provide copies of this statement for all and sundry, but I do have one for the minister and one for the third party, which I will pass on. At the same time I will explain to you that this statement has been carefully thought out, but the actual mechanics of putting it together were not completed until this morning. So I apologize for any mechanical errors there may be. I will now begin my statement.

Mr. Chairman, it is a pleasure to take part in these Health estimates. This is the first time for me in this particular ministry. I think it is important, no matter what the ministry is, to review and assess the components within it—in this case, the components of the health care system in Ontario. Even though the opposition brings precious little change as a result of the debates we have here, it is necessary to have this review process.

Last year my colleague, Sean Conway, in his opening remarks to the committee, raised the question whether or not health care was still a priority with the government. He concluded that it appeared to be, mostly or mainly because the election was breathing down our necks. He felt that was a priority in the government's view.

Now the election is over and we do not have that prospect for the next few years, I would like to ask the same question, Is health care still a top priority? Sadly enough, my answer will differ from that of my colleague last year, and that is no. If one examines the present issues in health care, one further question is whether or not quality is being maintained in our health care system, and again I would submit the answer is no.

The key issues of health care provision in Ontario continue to be opted-out doctors; a user-fee threat; hospitals funding; housing and out-patient care for ex-psychiatric patients; OHIP coverage for prosthetic devices; immunization; the role of district health councils; and confidentiality of health records, to name only a few. I will comment briefly on these and a few others as they come to mind in this next half hour or so.

In so far as opting out is concerned, the rate of

physicians opting out of the Ontario health insurance plan was, and still is, a problem. As of April 30, 1981, 15.5 per cent of the province's doctors were practising outside of the plan and thus extra-billing their patients. General practitioners accounted for 7.4 per cent of opted-out doctors, while specialists accounted for 24 per cent of the total.

**3:50 p.m.**

Within the specialist category there were 10 specialist groups with rates of opting out greater than 25 per cent: anaesthesia, with 60.3 per cent; plastic surgery, 46.2 per cent; ophthalmology, 44.3 per cent; urology, 41.6 per cent; obstetrics and gynaecology, 39.8 per cent; orthopaedic surgery, 38.5 per cent; psychiatry, 33.5 per cent; clinical immunology, 33.3 per cent; otolaryngology, 26.1 per cent; and gastroenterology, 25 per cent.

Twelve counties in Ontario have total opt-out rates greater than the provincial average of 15.5 per cent: York with 33.2 per cent; Wellington, 30.7 per cent; Peterborough, 26 per cent; Simcoe, 23.5 per cent; Waterloo, 23.3 per cent; Metro Toronto, 23.2 per cent; Halton, 21.6 per cent; Lambton, 20 per cent; Middlesex, 18.2 per cent; Peel, 17.1 per cent; Ottawa-Carleton, 16.9 per cent; and Nipissing, 16.7 per cent.

Specialist opt-out rates in 15 of these counties are greater than 25 per cent: York, 52.9 per cent; Haldimand-Norfolk, 42.9 per cent; Peterborough, 41.9 per cent; Wellington, 39.7 per cent; Peel, 38.1 per cent; Metro, 35.2 per cent; Simcoe, 33.8 per cent; Waterloo, 32.2 per cent; Nipissing, 30 per cent; Halton, 29.8 per cent; Perth, 28.6 per cent; Niagara, 27.7 per cent; Middlesex, 27.3 per cent; Grey, 27 per cent; and Lambton, 26.7 per cent.

These extremely high rates of opting out are limiting the accessibility of Ontario citizens to fully insured health care. The Stoddart-Woodward study of 1980 estimated that more than 25 per cent of Canada's poor were finding it increasingly difficult to locate a doctor they can afford to see in their home community.

The Ontario government in the spring of 1981 announced that the OHIP fee schedule would be increased by 14.75 per cent. For some doctors, this meant an additional \$12,000 per year income. Yet, in granting this significant increase, the Minister of Health demanded nothing in return. Doctors in Ontario still have the right to opt out of OHIP and thus extra-bill their patients.

Part of the minister's justification for the no-strings-attached increase was his expecta-



tion that the 14.75 per cent settlement would attract doctors back to the plan. Quoting my friend, he said, "I am optimistic that the settlement we have arrived at will result in many more coming back and I believe we can get that"—that is the opting-out number—"down even lower, now that we have a settlement for 1981."

I believe we, as members of the standing committee on social development, have an obligation to examine whether or not the minister's expectations have been met. Equal accessibility to a good health care delivery system is not a privilege; it is a right that should be enjoyed by all citizens, regardless of ability to pay.

Under the heading of user fees, I would like now to move on to a topic which greatly troubles and concerns me and many of my colleagues in the Legislature, and that is the recent statement made by the ministers of Health and Treasury and Economics regarding the possible implementation of user fees in order to raise revenues. Both ministers have assured us that such user fees would be set low enough so as not to deter and would be resorted to only for the purpose of raising additional revenues. I find such an attitude preposterous.

First, I would like to refer to the Breau report on fiscal federalism. This task force found that there is a natural paradox which accompanies user fees. User fees which are high enough so as to act as a deterrent, and thus reduce the demand for medical services, deter the wrong people, namely, the poor and the elderly, whereas user fees which are low enough so as not to unreasonably deter the poor and elderly are too low to be worth collecting. The revenue they generate is more than consumed by the cost of their administration.

I might also add that my researcher talked with a health official in British Columbia, which, as you know, has a system of user fees for hospital services. Their charges are \$2 for emergency department visits, \$6.50 per day for inpatients and \$6 per day for day surgery. The spokesman for the BC ministry stated that user fees did not significantly defray BC's health care costs but do have a deterrent effect. So, in view of this, I find it difficult to see how Ontario's Health minister could set user fees at a level where they would not deter, but where the revenue from them would be worth collecting.

On a more fundamental basis I find the idea of user fees as a means to raise revenue abhorrent. It does not seem to me to be a justifiable use of

the tax system to raise revenue from the poor and the elderly. We all benefit from a good health care delivery system so we should all pay for it.

On the subject of hospitals and funding, I am sure you would agree that in Ontario we have a fine, modern hospital system. However, in the past few months there have been indications that the high quality of our hospitals is deteriorating.

I recently completed a survey on a variety of items with the hospitals in Ontario, one of which was the waiting time for elective surgery. The waiting time was reported as three weeks on average. I might add that the survey was conducted in late August and early September, which are usually months where demand for elective surgery is low. That was noted by many of the respondents.

By the way, we sent approximately 200 letters to the hospitals in Ontario and to date we have received responses from 134. I believe this is an excellent response and it is indicative of the degree of concern felt by the hospital administrators about the various things I touched on.

**Hon. Mr. Timbrell:** With all respect for the honourable member.

**Mr. Van Horne:** I would certainly hope that was the case but I am a realist and I know that is not true.

**Hon. Mr. Timbrell:** Do they have cause not to?

**Mr. Van Horne:** No, I do not think so; they just do not know me.

Another survey done by our research department examined the average waiting time for diagnostic tests, such as CAT scans, in Toronto hospitals. Results showed that the waiting time for an outpatient CAT scan in Metropolitan Toronto hospitals was, on average, two months. I would like to point out again that this survey was also done in September, before the demand picks up.

We also have the ever-too-common problem of overcrowded and overworked emergency departments. I ask you all to recall the tragic death of Claire Moses. I am not saying her life would for sure have been saved had she not been diverted to Wellesley Hospital because Toronto East General had booked "out of service," but I think you have to consider that reasonable doubt exists.

I know the minister will argue that this case is unique to Toronto East General and is not definitive of the other hospitals in the province.

However, while the administrative difficulties at East General may be unique, the quality-of-care problems experienced at East General may very well be an exaggerated example of what is or could be happening at other Ontario hospitals.

To its credit the government of Ontario, on June 25, 1981, increased hospital budgets an additional two per cent, for a total of 12.1 per cent over last year's grants from the province. But if you consider that in October the rate of inflation over last year was 12.7 per cent, then the hospital budgets are still under a considerable strain merely to maintain their present level of service.

I would also like to point out that virtually all major Toronto hospitals are involved in extensive fund-raising campaigns to renovate and replace old facilities and equipment. It costs about \$1.2 million today, we are told, to buy one piece of equipment for a cardiology department; for example, a cardiac image intensifier. In comparison, Toronto Western originally paid \$100,000 to fully equip their entire cardiac investigation area. That amount of a few years ago would not even cover the yearly depreciation on one piece of equipment today.

I do not think our hospitals are spending their money frivolously. We have come to the point where we must either significantly change the funding formula for hospitals or we will have to see them cut services.

With respect to the hospital funding issue, I would like to quote a doctor friend who has said—and I am sure you are all familiar with this—“In the past a lot of fat has been trimmed off hospital budgets and that is okay, but if more cutbacks are forthcoming, you will be trimming muscle, and muscle bleeds.”

**4 p.m.**

The next topic is housing and outpatient care for ex-psychiatric patients. The problem of housing for ex-psychiatric patients is a dominant health issue this year. The problem was reported three years ago, so the situation is not a new one and therefore it deserves the attention of this committee. The report of the Supportive Housing Coalition, September 30, 1981, contains some interesting facts and recommendations.

About 14,000 psychiatric patients are released from hospital every year in Metropolitan Toronto. Approximately 23 per cent of these people need help in finding accommodation. Two hundred and two beds for ex-patients were lost in Metro last year. John Trainor, a social worker at Queen Street Mental Health Centre, told a

forum on community care for the mentally ill that another 150 beds are on the verge of being lost because boarding homes are closing or undergoing reconversion.

The hospital readmission rate for ex-psychiatric patients was 25 per cent in the mid 1940s. At the same forum, Dr. Wasylenki, a psychiatrist at the Clarke Institute, indicated that the present readmission rate is about 70 per cent, a phenomenon known as the revolving door syndrome.

The Supportive Housing Coalition report recommends that 60 transitional beds are needed now for ex-psychiatric patients simply to alleviate the housing crisis this winter. The report also recommends that 270 beds should be established in the next 18 months, based on the community housing alternatives as cited in the report.

The report also recommends that the government set up three mandated agencies to provide after care for ex-patients living in boarding and lodging homes. One agency would provide program support on a regular basis, another would provide 24-hour crisis intervention services and the third agency would provide inspection and licensing services.

The community housing alternative mentioned in the report is basically an integrative housing model designed to gradually phase the ex-patient back into regular community life. The range of housing models goes from the facility providing 24-hour supervision and support to the independent apartment model, where the patient lives relatively independently but has someone to call in the event of a crisis.

Ninety to 95 per cent of all beds in the Metropolitan Toronto region are custodial. What this means is that they provide food and shelter but provide very little in the way of counselling and rehabilitative services.

The ministry's response to all of this has been rather haphazard, and I now refer to the minister's answer to a question from Richard Johnston in the House on October 19. Hon. Mr. Timbrell outlined the action his ministry was taking with respect to the housing crisis for ex-psychiatric patients:

“First, we have established an assessment unit at Queen Street Mental Health Centre to assess those in need.

“Second, we are taking steps to make use of a couple of the currently vacant cottages on the site of Whitby Psychiatric Hospital for immediate accommodation.

“Third, we are working with the Supportive



Housing Coalition, which is developing a proposal for a program that will include housing for, I believe, about 30 people.

"Fourth, we will be advertising very soon for proposals for an expansion of our homes for special care programs in the Metropolitan Toronto area of 120 more beds. We will be calling for proposals of maximum 30-bed locations."

In view of this, I would like to point out the fact that the beds being added at Whitby and to the homes for special care program are essentially custodial. Past experience has shown that custodial care has a minimal rehabilitative effect on ex-psychiatric patients. Thus, the potential of these people to be rehabilitated to the point where they can live independently in the community is slight.

I would like to stop at that point while I pour a drink of water and clarify for the minister and Mr. McClellan that the printed text of my comments has indexed numbers at certain points. That index is now being typed and will be given to you as soon as it is ready. It will give you additional background.

I am urging the minister and the members of this committee to read, if they have not already done so, and, if they have, then to reread the report of the Supportive Housing Coalition. In addition, I would like to draw the members' attention to the report of the Citizens' Housing Committee of the city of London, dated October 14, 1981—and you will also get a copy of that. This report illustrates that the housing crisis for ex-psychiatric patients is not just a Toronto problem. We have a problem in London, and I am sure you are familiar with problems similar to this in other communities across Ontario.

Ultimately what we need is a comprehensive policy to help these people to learn to live in the community again when they have been released from hospital. You cannot have deinstitutionalization without rehabilitation.

The next theme is OHIP coverage for prosthetic devices. I would now like to take a few minutes with this and discuss the progress, if any, in obtaining OHIP coverage. Put simply, I would have to guess that very little progress has been made in this area. We have debated the issue many times since 1977 and just last session we were still discussing it at some length. I can appreciate the fact that such a program would take a certain amount of time to co-ordinate before it could be implemented. However, I

think three years of debate is certainly long enough.

I am not sure if there is later reference in here, but back in the time when Darcy McKeough was Treasurer, and when this scheme was being discussed, he was able to give an estimate of the amount of money this would have cost the government had it been implemented. He could only have done that, in my view, had he some idea of the breadth of the problem, how many people are out there who would need such devices. I am not sure of the reasons for the delay, but certainly if you had an idea of the need and what it would cost three or four years ago, you surely must have the ability to translate that into 1981 and 1982 needs and give us some indication of where you are at with this proposal.

Next, mandatory immunization: At a press conference on September 17, 1981, the Canadian Paediatric Society released some startling facts about the incidence of measles in Canada and in Ontario for 1980: In 1980, measles cases reported in Canada in 1980 were 13,347, compared to 13,340 cases in the US. The incidence of measles for 1980 was 10 times greater in Canada than in the US.

I asked the minister a question in the House and the response, in part, was that the United States—he was not sure of the number of states and I cannot recall the exact wording—but it was implied that not all of the United States were using mandatory immunization. Our information is that 50 states require measles immunization before a child can be admitted to school. So we can see that on a relative base, the incidence rate is significantly lower in the United States than it is in Canada.

Further to that, 8,253, or 61 per cent of the Canadian cases of the 13,000-plus I referred to a moment ago, were in Ontario. One of every 10,000 children contracting the disease dies, and measles leave one child in every 1,000 with encephalitis, which can kill or cause permanent mental retardation. One per cent of all children contracting measles require hospitalization because of high fever, encephalitis or pneumonia. Using this figure as a basis, it means that in 1980 approximately 83 children in Ontario had to be hospitalized because of measles.

For 1979-80, the average length of stay for acute care hospitals was 8.6 days and the average per diem rate for these hospitals was \$151.75. Using these figures as a basis, the approximate cost of hospitalization for 83 children was \$108,319.15 in 1980.



In comparison, it would have cost about \$583,695 to immunize all children admitted to junior and senior kindergartens in Ontario in 1980. That is based on a cost of \$3.50 per child and an enrolment of 166,770 children in September 1980. That is a paltry sum when one considers that in 1980 the sick-day cost for the Ministry of Health alone was over \$8 million.

**4:10 p.m.**

Nineteen eighty-one is apparently a down year for measles. What this means is that there were fewer cases of measles this year. According to experts, a down year is the best time to try to wipe out a disease. Therefore, if we were to implement mandatory immunization this year, it would definitely have a reductive effect on the number of measles cases.

Measles is an unnecessary disease. For a government that passed mandatory seatbelt legislation to argue against mandatory immunization on the basis of freedom of choice is ridiculous and hypocritical. Switching into another theme very quickly, I have heard there has been some delay because there is the possibility of an oral vaccine for measles. I have been unable to confirm that by the phone calls we have been making.

I guess what I am getting at is, other than the freedom of choice argument the minister is choosing to use, is there a medical reason for delaying this for a year or so? Will you indicate in your response, Mr. Minister, if you are really going to take another serious look at mandatory immunization for whatever reason?

Very briefly, a handful of other themes: district health councils, I think, continue to be a source of frustration for many hospital administrators. A recent Free Press article illustrates this point in the community of London, Ontario. I am going to quote very briefly—this does not appear in your notes but I will see that you get a copy of it—a comment from an article of October 10, 1981.

"London's three major hospitals should 'get their heads together' to come up with a way of converting some costly active treatment beds to chronic care use, a provincial Health ministry official said Friday.

"Andy Boehm, director of the ministry's institutional operations branch, said it would be 'unjust' to open up new chronic care beds in an area such as London until active treatment beds meet Health ministry guidelines."

It goes on to say, "While officials of all three hospitals are working with the Thames Valley District Health Council to try to determine

future bed needs in London, they all said Friday they had no idea how they would cope with such a loss of 100 active treatment beds, considering current heavy demand."

A little later in the article: "Sister Mary Doyle"—and you met Sister Mary Doyle not too many weeks ago—"of St. Joseph's Hospital said Friday her hospital has done 'somersaults' to try to operate with the 534 beds it has—down from 600 a few years ago. She says she doesn't think it could accept further cuts and still meet the need."

One could ask the question: is the district health council out there as a buffer, or whatever, to deflect a little bit of heat off the ministry? If that is the case, how can you hide behind the skirts of such an organization? Why do you not get rid of them if in fact that is all they are doing?

I realize the rationale that was offered by the government when district health councils came into play, but I am wondering if the government has determined it will continue with these health councils, or do you, in the course of reviewing such groups from time to time, feel that they have passed the point of usefulness for you or for the citizens of Ontario?

Going on to another theme, confidentiality of health records, the Commission of Inquiry into the Confidentiality of Health Records took three years to complete. The report, released in December 1980, cited numerous breaches of confidentiality by doctors, nurses, lawyers, insurance investigators and police. Some of the more appalling breaches of confidentiality the inquiry discovered are as follows:

Dr. Porter, a Toronto physician, clearly exploited his professional title on numerous occasions in order to obtain confidential medical information for insurance companies and adjusters. He did so without first obtaining the express consent of the patient.

Certain investigation companies had been hired by insurance companies to carry out medical investigations and obtain medical information without patient consent. The individual investigators employed by these companies often used pretexts or misrepresentation to get this information. For example, one investigator had phoned the St. Catharines General Hospital for information, using the pretext that she was with the Toronto General Hospital and that she needed past medical information on a patient who was apparently suffering from a drug overdose and was being treated at the Toronto General emergency department.

Another investigation company had hired

two nurses, mainly for the purpose of making pretext calls to obtain confidential medical data. It is obvious, however, that both of these nurses must have known from their professional training that such conduct was improper.

Mr. Justice Krever's investigation also discovered that 25 lawyers "sought or received confidential medical information, through private investigators without patient authorization." These professionals were obviously aware of the legal obligation of confidentiality imposed on doctors, hospital employees, OHIP employees and others in the health field.

In his report, Mr. Justice Krever pointed out that the RCMP, the OPP and various regional police forces had obtained confidential medical information from OHIP and hospital employees, as well as doctors, without first obtaining the consent of the patient.

It has been approximately nine months since the release of this report and the Ministry of Health has not yet moved to implement any of Krever's recommendations. Instead, the ministry has appointed Dr. James Galloway to investigate how the recommendations can be implemented, and the ministry has also invited various groups, such as the Registered Nurses Association of Ontario, to make further practical suggestions as to their implementation.

The recent decision by the Supreme Court of Canada on October 21 stated, "Doctors and hospital workers may be violating professional ethics by giving out information to police, but they are not breaking the law and in fact are 'privileged police informers' whose identities are protected against disclosure."

This decision only serves to emphasize the lack of adequate legislation to protect the confidentiality of medical records.

**Hon. Mr. Timbrell:** Just on a point of clarification, I do not believe that quote is from the judgement, is it? That must be a newspaper quote. Do you recall?

**Mr. Van Horne:** There is a footnote here, I am sorry, footnote 42. I will get that for you shortly.

**Hon. Mr. Timbrell:** Okay, thank you.

**Mr. Van Horne:** The next topic is nursing homes.

How often in the past few years have you read that the care of the elderly in Ontario has reached a crisis stage? The demographic statistics have been repeated over and over, not only in the media but in various reports. There is a handful of comments: for example, 20 years

from now, in the year 2001, almost 14 per cent of Ontario's population will be over 65 years of age compared with an estimated 9.9 per cent in 1981; those aged 75 or over will increase by 120 per cent by the year 2001; and, while the total population is growing less than one per cent a year, the elderly in Ontario are increasing at a rate of three per cent a year.

These recent studies and numbers do more than remind us that a massive flood in the number of elderly is on its way. They document inadequacies, inefficiencies and gaps in service in our system of caring for our elderly citizens right now, and they graphically describe the results of these inadequacies in terms of human suffering—suffering for the old people themselves and frustration for the relatives and friends of this frail and vulnerable population.

Last week we heard two reports on the shocking conditions at Greenacres Home for the Aged. While this is not a nursing home *per se*, it has become a *de facto* nursing home, since 90 per cent of its residents require extended care. Why is this happening? There are simply not enough beds.

We need more institutional beds as a necessary component of a continuum of care. For the past several years, we have seen arbitrary closures of hospital beds and freezes on nursing homes and homes for the aged. By September 1980 the Hospital Council of Metro Toronto estimated a shortage in Metro alone of over 2,000 beds for those elderly needing heavy nursing or chronic care—a shortage which in turn caused backups in active treatment hospitals where chronic patients languished, awaiting transfers to nursing homes or chronic care hospitals.

Fortunately, an election intervened and a few election goodies were announced: "Metro To Get 300 New Nursing Home Beds"; February 1981, "Davis Promises Baycrest Hospital A New 316-bed Chronic Care Hospital By 1984-85"; and also in the same month a five-year, \$40 million expansion/improvement program for all of Ontario's homes for the aged was announced.

4:20 p.m.

But these election gifts are drops in the bucket. Even with the new promised beds, using HCMT's 1980 figures we will still be short 1,400 extended-care beds in Metro Toronto, not even counting new beds needed. The backlog will continue, with acute-care hospital beds being taken up by patients needing home for the aged, nursing home or chronic care beds, and long



waiting lists for vacant beds will grow longer still.

I could touch on a variety of other topics or themes that have come into our opposition office, Mr. Minister. Some professional groups of nursing people were in, for example, not too many weeks ago with some concerns that they have for professional training and development over the next few years. But we will get at those other topics as they come up through the estimates.

Let me close off by observing that what we need are solutions and we want solutions which will ensure the maintenance of the high standard of health care in this province. I have heard you speak proudly of this on many occasions and from what I understand of the system there are many parts of it we should be proud of. But I have to conclude, given that there are many problems out there, health care is not a top priority with the government of Ontario.

I submitted in a press release in August of this year that the minister resign because he was offering threats rather than solutions to the health care problems in Ontario. I know these things are taken lightly by ministers. They get bullets like this fired at them daily. But I challenge you, Mr. Minister, during the course of these estimates, to prove me wrong in that press release I made earlier this year.

**Mr. Chairman:** Mr. Van Horne, in view of the fact that we do not get Instant Hansard and that you have made an extensive and rather detailed statement and the minister, I am sure, will be making references to it in his response, I would like to ask if you would like to table a copy of that statement. You have given a copy to the minister, but the clerk could make copies for the members of the committee and we could follow that statement when references to it are made. You have also mentioned that you would be supplying additional documents.

**Mr. Van Horne:** Yes. We have some footnotes there for you. Sure.

**Mr. Chairman:** Would it be possible to have that, plus any further documents you may refer to?

**Mr. Van Horne:** I have the only copy in captivity.

**Mr. Chairman:** As I say, we could make a copy of it. The clerk can make a copy.

**Mr. Van Horne:** Sure. Okay.

**Mr. Chairman:** You do not mind?

**Mr. Van Horne:** No.

**Mr. Chairman:** I have not used any adjectives other than extensive and detailed, but some people may have the impression that this is quite an impressive statement. I know the minister would like to respond. The minister may like to respond immediately following your statement rather than wait for the statement of the other opposition critic, if the critic from the NDP does not mind.

**Mr. McClellan:** It is normal to hear both.

**Mr. Chairman:** Is that the normal procedure?

**Mr. Stokes:** He may cover some of the same topics.

Interjections.

**Mr. McClellan:** I confess I have never been able to master either the self-discipline or the organization to prepare a text for a speech over the course of the last six years. So I again will be speaking from notes, Mr. Chairman.

This is my first leadoff as Health critic for my caucus and I approach it with a certain amount of fear and trepidation. It is a complex ministry and, as the minister indicated, it uses the largest single portion of the provincial budget. The amounts of money we are dealing with are astronomical and mind-boggling and one of the things I want to do in the course of my remarks is to try to put these staggering amounts of money into some kind of perspective, because I think there has been a certain amount of confusion conveyed with respect to the significance of expenditures over the last few years.

Mr. Van Horne has anticipated nearly all of the points I wanted to cover. I do not think that is an accident, because the points he has covered and the points I intend to cover are areas in which there are serious problems. These problems have been drawn to the government's attention repeatedly and with as much force as it has been possible to muster over the course of the last three or four years, yet they remain serious problems and they remain areas of grave concern. So, without further ado, let me try to get into them.

I will first deal with the issue of cutbacks and, as the minister might prefer to put it, containment. As the minister does not have an opening statement, I will take for my text his very interesting speech of September 11, 1981, to the Kiwanis Club of Ottawa, which I took to be a serious and major policy statement by the minister.

In that speech, Mr. Chairman, the minister made some claims with respect to the health budget and to its growth. He talked about the



fact that the health budget has increased from \$3.4 billion to \$5.7 billion during the period 1976-77 to 1981-82. As I said, these are staggering amounts of money. It is hard to get our minds around these amounts of money and it is hard not to deny that a 68 per cent increase over five years is a huge increase. The \$2.3 billion increase is, on face value, a huge increase, until we remember the pace of inflation and until we look at the increase in the consumer price index over the same period of time.

We do not have such a thing as a health price index to measure the effects of inflation on a shopping basket full of health items, so we have to use the consumer price index as the only objective measurement we have. Between April 1976 and October 1981, the consumer price index rose 66.76 per cent. That is mighty close to the 68 per cent increase the minister was boasting about, and of course the minister was talking about a period which extends until March 1982. We can safely assume that by the time we get to March 1982 the consumer price index between April 1976 and October 1981 will exceed 68 per cent. I think that is a safe assumption.

It is clear that there has not been a stupefying increase in the purchasing power of the health dollar. We can say the minister perhaps has managed to hold the line; we cannot say the minister has managed to get ahead of the game. We cannot say the minister has fallen behind badly with respect to inflation; we can simply say that he has more or less, within a few percentage points measured by the consumer price index, kept pace.

But then when you look at the distribution of the health dollar within the overall health pie, the picture becomes a little bit different. There has been a shift within the budget, a shift towards doctors, a shift away from hospitals; and within the overall budget, public health and, most importantly, preventive health programs have remained with a relatively minuscule per centage of the total pie.

The doctors' share of the health budget has gone from 25.2 per cent in 1977-78 to 27.1 per cent in 1980-81, and the hospitals' share during this same period has declined from 51.7 per cent to 50.1 per cent of the total budget. Small changes, a percentage point here, a percentage point there, but every percentage point of the \$5.5 billion budget represents an excess of \$50 million; a lot of money, even with a one per cent shift.

4:30 p.m.

As my colleague, the member for Riverdale (Mr. Renwick), tried to point out during a debate in the Legislature last year, it is clear that there is a serious problem when, in a period of scarce resources, increasing amounts of the scarce health resource are going towards doctors' salaries at the expense of other parts of the health care system, and that the kinds of services that could be developed to reduce overall costs in a more serious way are simply being neglected and not getting the resources to which they should be entitled.

Public health gets the magnificent share of 1.28 per cent of the total health budget in 1980-81. It is hard to calculate the share for preventive programs. It is not possible, for me at least, to break out of the budget the amount of money that is going to health service organizations, for example. I am sure the minister will be able to provide that figure to us. But out of the total hospital budget which is, again, in excess of 50 per cent of the \$5.5 billion, I wonder what fraction of what per cent goes to health service organizations. I will come back to that subject in a few minutes.

Despite the fact that at the end of fiscal 1981-82 there will be a measurable decline in the purchasing power of the health dollar, I am quite convinced, and despite the fact there has been a shift in the overall health pie away from hospitals and towards doctors' salaries, the minister is very fond of saying there have been no cutbacks and that we cannot prove there have been any cutbacks.

In his Kiwanis speech—and I will quote from page nine of the minister's Kiwanis speech of September 11—the minister stated with, I assume, some pride: "While the number of acute treatment beds in the province has declined in the past five years, the number of chronic and extended care beds has increased by some 6,800."

For the life of me, I do not know where these 6,800 beds are, and I am not trying to play games and I am not trying to embarrass the ministry. If you can prove to me that you have put 6,800 chronic care and extended care beds in place over the course of the past five years, I will be very happy. But I do not know where these beds are. The statistics the ministry itself has provided indicate that is simply not the case.

Using the ministry's own public information provided either through annual reports or through answers to written questions, the actual increase of chronic and extended care beds between 1976 and 1981 was 3,758; during the

same period of time the minister cut 5,391 active treatment beds out of the hospitals, for a net reduction of 1,643 hospital beds.

We raised that concern in early September, on September 18 to be precise, and the ministry responded, after a certain period of silence followed by a period of confusion, with the explanation that Mr. McClellan was not being fair because, despite the fact the minister had said over the course of the last five years, they really should have taken it back to 1975 instead of to 1976. If I had taken it back six years, I would have been able to find the 6,800 chronic and extended care beds.

Okay, I am not unreasonable. I took it back to 1975 and I regret to inform you that we are still 1,000 beds short. According to the figures from your own ministry, the increase in chronic and extended care beds, since 1975, is 5,617.

**Hon. Mr. Timbrell:** Where are you starting—with what date?

**Mr. McClellan:** I assume this is March 31, 1974, April 1, 1975. I do not know how far back you want to take this. I suppose if we take it back far enough, then we can find the 6,800 beds.

**Hon. Mr. Timbrell:** No, what date are you using?

**Mr. McClellan:** I believe this comes from your annual report.

**Hon. Mr. Timbrell:** But from where are you starting?

**Mr. McClellan:** I have to double check that.

**Hon. Mr. Timbrell:** Depending on where you start and which date you use for the end of your comparison period—

**Mr. McClellan:** Perhaps I can continue. I have the figures for 1974 as well. I really do not understand the object of your exercise.

I think it is indisputable that when you announced your program of cutting acute care beds and replacing them with chronic care and extended care beds, as laudable as that objective was, you went about it backwards. You started with cuts in the number of acute care beds and active treatment beds before you had the wherewithal and resources to put the chronic care and extended care beds in place. So you have been engaged in an exercise of trying to frantically catch up with yourself, on the one hand chopping acute care beds out of our hospitals, on the other hand using the savings to restore beds as chronic and extended

care beds as quickly as possible and you have not been able to keep pace with yourself.

As I say, I cannot find an increase of 6,800 beds over the course of the past five years and I find a decrease in the number of active treatment beds. I think that explains a lot of the problems we hear of in hospitals, such as it being so difficult to schedule elective surgery, that people have to stay in emergency corridors overnight because there are no beds available for them, and that in some communities it is necessary for doctors to resort to a kind of subterfuge in order to get their patients into hospital.

The minister is familiar with correspondence between himself and my colleague, the member for Lake Nipigon (Mr. Stokes) with respect to a problem at the McKellar General Hospital. One of the doctors in my colleague's community brought to Mr. Stokes' attention the fact that his patients could not go into hospital in Thunder Bay on the basis of a normal referral because they simply could not get in. There was no room for them.

The only way he can get his patients into the hospital, and these are patients who are suspected of having malignant tumours, was for them to pretend they had never been to a consulting specialist and go in through the emergency door, to play that kind of subterfuge. I know the minister is concerned about it and has instructed his own staff to try to deal with the situation in Thunder Bay.

But the problem gets back to the anomaly I am talking about, that you went about the process in the wrong way. Instead of cutting active treatment beds of the magnitude of over 5,000 in the past five years, you should have put the chronic care and extended care beds in place first. We have experienced a great deal of unnecessary inconvenience, and not just inconvenience but in some cases risk.

In the words of the Ontario Medical Association, when they appeared before this committee in one of its many investigations into the hospital bed situation, we are playing Russian roulette, and I do not see that situation as changing.

**4:40 p.m.**

The second area I want to deal with is the perennial concern about opting-out and extra billing. My colleague, Mr. Van Horne, has dealt with the statistics which were tabled in response to my question last June. The rates of opting-out are down slightly from the previous year, but they are still at alarmingly high levels, particu-

arly with respect to specialist care. My colleague cited some of the statistics: 60.3 per cent of the anaesthetists are opted out, 38.6 per cent of the orthopaedic surgeons, 46.2 per cent of the plastic surgeons, 33.5 per cent of the psychiatrists, 39.8 per cent of the obstetricians and gynaecologists, 44.3 per cent of the ophthalmologists, 41.6 of the urologists.

I do not know how long the minister is going to allow the situation to continue. We know that opting-out and extra-billing constitutes a deterrent fee. The Ontario Council of Health has prescribed extra-billing as a deterrent fee. The Health Commission has identified extra-billing as a deterrent fee. We know by definition that deterrent fees discourage those who are elderly and those who are poor from availing themselves of necessary medical care, that they constitute a kind of sick tax, and yet extra-billing remains a major problem of significant dimensions.

I am sure the minister has read the study on opting-out and extra-billing Alan Wolfson did in July 1980, in which he talks about the effects of extra-billing on the health care delivery system. I have been grateful to this minister many times when he has stood in the House and denounced Harley Street medicine, but on the basis of the study Alan Wolfson has done there is clear evidence that the existence of extra-billing on the scale at which it has been permitted to continue has resulted in a kind of Harley Street medicine developing here in Ontario.

Wolfson indicated in his study that as a result of the patient-screening agreement—I guess it was of December 1978—doctors who are opting-out and extra-billing are engaging in a kind of class distinction. Those who can pay see the doctor—and we are talking principally about specialists—in the luxury of the doctor's own office, and those who cannot pay are referred to the hospital and seen in the hospital. Dr. Wolfson argues it is this screening on the basis of class and ability to pay that accounts for the differential between the numbers of doctors who are opted out and the percentage of claims that are paid on an extra-bill basis.

The minister has always got up in the House and argued, "So there are 18 per cent of doctors opted out, or now it is 15.5 per cent of doctors opted out, but only eight per cent of claims are submitted on an opted-out basis." The answer—and Dr. Wolfson has indicated it—is very simple. It is because of patient screening. Doctors are seeing those who can pay the difference in their own office and they are

seeing those who cannot pay in the hospital and that accounts for the difference in that figure.

It does no one any service for the minister to continually pretend it is not so much of a problem as the statistics would indicate. I think there is clear evidence that it is a major problem and it is distorting the universality of our medical insurance program. It is distorting the universality of access to health care in communities where large numbers of doctors, and specialists in particular, are opted out.

Again, I appreciate most of the answers that were tabled last year. I understand a lot of work, and I assume a lot of expense too sometimes, is involved in preparing those answers, but I think it is important that that kind of information be made available to this assembly. One of the pieces of information that was made available last June was that the number of full-time specialists and full-time general practitioners is substantially higher than the average.

I do not know whether anyone is listening any more, Mr. Chairman.

**Hon. Mr. Timbrell:** Having been a teacher I can listen to two conversations, sometimes more.

**Mr. McClellan:** Okay.

Full-time statistics are alarming, more alarming than the average. If you eliminate general practitioners and specialists who bill less than \$20,000 on the assumption they are not full-time—it may not always be valid but I think it is a good bench-mark—you end up with 30 per cent of our specialists who are full-time practitioners—that is to say, billing over \$20,000 to OHIP per year—opted out, and 11 per cent of our full-time general practitioners.

Again, sooner or later, you are going to have to come to grips with the question of erosion of universal access, with the question of deterrent fees that extra-billing represents and with the question of the two-class medical delivery system that extra-billing is imposing on our health delivery system.

We have suggested one option and the minister has rejected it. It is not the only option that has been put forward. There are a number of options that have been suggested. Quebec has gone one route. Dr. Wolfson has suggested another way of dealing with extra billing.

**Hon. Mr. Timbrell:** I do not recall his suggestion. What was it?

**Mr. McClellan:** It was relatively complex. He wanted what he called a two opt-out option. Opting out would be permitted until the num-



bers reached a maximum of 10 per cent. Once the 10 per cent figure had been reached, those who were opting out above the ceiling would be forced to practise outside of the plan.

**Hon. Mr. Timbrell:** It was a variation on the Quebec plan.

**Mr. McClellan:** It is a variation of the Quebec plan. Again, I may be putting it rather crudely but he set it out in the study he did in July 1980, called Opting Out of Medicare.

At any rate, I am saying the proposal we have put forward is one-price medicine. Others, including Mr. Justice Hall, have said you are either in or you are not. If that is seen as too Draconian, there are other options. I think it is intolerable that you continue to try to explain away the phenomenon and to downplay the seriousness of the situation, which is precisely the pattern of the last three years.

The third area I want to deal with in these initial comments has to do with the way our health care system is financed and the over-reliance, that seems unique to Ontario, on premiums, which is to say on regressive taxation, rather than on personal and corporate income tax, that is to say progressive taxation. Ontario already has the highest premiums in the country. I believe only three provinces still have premiums at all.

Despite a co-understanding that premiums are regressive, they are not based on your ability to pay or a flat rate that falls equally on the rich and poor. The province increases and continues to increase, almost on an annual basis now, the burden of premiums, and continues to decrease the share of the health dollar that comes from progressive taxation from general revenue.

4:50 p.m.

The studies that were done as background papers to the Hall commission have shown very clearly—contrary to what Mr. Justice Hall had to say, in fact—that Ontario has taken, in a sense, an unfair advantage of established program funding and has used the new program between 1975-76 and 1979-80 to decrease the provincial share from general revenues. The study done for the Hall commission indicated that the provincial share from general revenues, again between 1975-76 and 1979-80, which is the period that the data was available, is down 29.3 per cent.

**Hon. Mr. Timbrell:** Which paper is that?

**Mr. McClellan:** I am not sure that I have it with me. I have it in my office, but I do not have it here.

**Hon. Mr. Timbrell:** I would like to see it because in the actual recommendations and comments of Hall, he completely refutes the observations that the federal minister was making during two federal election campaigns in which he was claiming that the provinces were diverting the funds from health care to other uses.

**Mr. McClellan:** I am not speaking to that point.

**Hon. Mr. Timbrell:** Justice Hall said that was nonsense.

**Mr. McClellan:** Justice Hall excluded the revenue guarantees from his calculations, the two points on the tax, and for that reason he did not support the kinds of accusations the federal Liberals were making, and I want to have some discussion of that.

However, I am not making any accusations with respect to whether or not health dollars were siphoned off into roads and that kind of thing. That is not the point I am trying to make. The point I am trying to make is that a background paper done for the Hall commission indicated there had been a substantial shift from progressive means of funding to regressive means of funding.

The nature of the shift was this. The provincial share, measured on a basis of per capita expenditures, had declined 29.3 per cent during the period in question with the same premium and during the same period the federal share measured on the per capita expenditure basis had gone up 27 per cent, and the premium per capita expenditure had gone up 27 per cent.

I can get you the paper. It is probably sitting on my desk.

**Hon. Mr. Timbrell:** Please.

**Mr. McClellan:** The data is there—and this is using the most favourable set of data from an Ontario perspective, the most kindly interpretation of the data, which is to say data that Ontario itself had provided to the Hall commission.

**Hon. Mr. Timbrell:** I would like to see it. I suspect what you will find is while it may have been prepared for His Honour, there were a number of figures prepared which, on examination, he rejected and said that based on the other evidence—

**Mr. McClellan:** Yes. Let us not mix apples and oranges.

**Hon. Mr. Timbrell:** No. That is why I would like to see it.

**Mr. McClellan:** I am not getting into a debate about whether we have siphoned money from health into roads. You may recall I raised that question in 1979. The Treasurer came in and explained to us his view of Ontario's position vis-a-vis established program funding.

**Mr. Chairman:** Mr. McClellan, I would like to inform the committee that this is a 10-minute bell. I believe we have about four minutes left before a vote. I suggest that perhaps we adjourn for the day unless there is a different opinion.

**Hon. Mr. Timbrell:** Could I ask a point of clarification just about the schedule of the committee for the next few weeks?

**Mr. Chairman:** Tomorrow we will resume our sitting at two o'clock and continue until six, unless there is a motion to adjourn earlier, and we will resume next week, Monday and Tuesday after routine proceedings and on Wednesday from two o'clock until six.

**Hon. Mr. Timbrell:** I had understood—I am not sure from whom—that you had to complete estimates by December 1; that there are some bills you have to do.

**Mr. McClellan:** We have 16 hours.

**Mr. Chairman:** We have calculated that we will have completed estimates by that date and will be sitting on three private bills.

The committee adjourned at 4:59 p.m.

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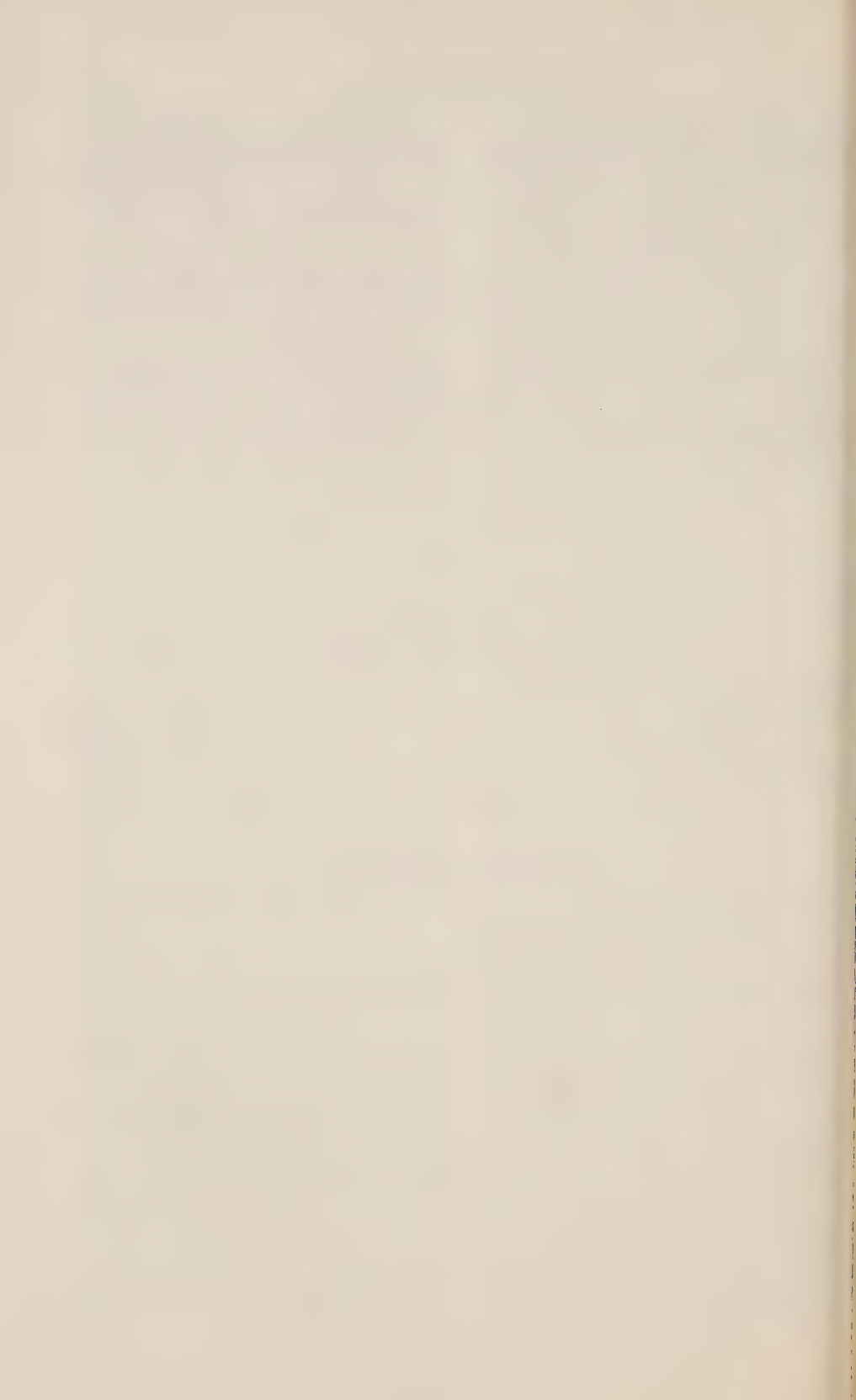
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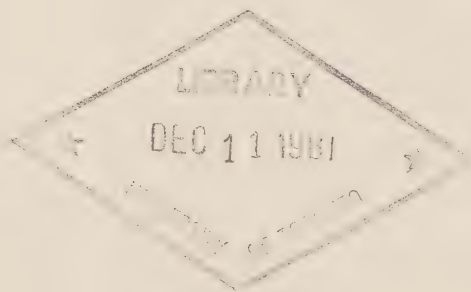
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No. S-25

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Health



**First Session, Thirty-Second Parliament**  
Wednesday, November 18, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

Wednesday, November 18, 1981

The committee met at 2:05 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF HEALTH (continued)

**The Vice-Chairman:** I will call the committee to order. Mr. McClellan, I believe you were still proceeding with your opening remarks yesterday when we adjourned.

**Mr. McClellan:** We started a little precipitately. I am not quite ready.

**Hon. Mr. Timbrell:** Are you going to start at the beginning again?

**Mr. McClellan:** No. I am neither a masochist nor a sadist.

**The Vice-Chairman:** Please continue, Mr. MacClellan.

**Mr. McClellan:** Let me quickly recapitulate. I need to start by acknowledging that I believe I mis-spoke myself yesterday when I was talking about extra-billing. I think I meant to say, "Our position is one-price medicine and others say, 'either you are in or you are out.'" I may in fact have said, "Our position is you are either in or you are out." I have not been able to obtain Instant Hansard.

It is a fairly fundamental gremlin if I did say that our position is "You are either in or you are out," because it is not our position. Our position with respect to the opting-out problem is—

**Hon. Mr. Timbrell:** I had a note here that you "wanted us to look at yours and other options."

**Mr. McClellan:** Right. I think when I described our position I may have, as I said, mis-spoken myself. I wanted to make sure that I do know what our position is.

**Hon. Mr. Timbrell:** I will not ask whether you had to research it or not.

**Mr. McClellan:** I thought I had said something wrong and checked with someone who had been attending and they verified that I had indeed done so.

I have heard the minister express concerns about the position that if you say, "either you are all in or you are all out," which is to say you either bill under the OHIP plan, or you practise

entirely outside the plan, that you are talking about Harley Street medicine. I think I am correct in my recollection that the minister has made the argument that that leads to, or could lead to, Harley Street medicine.

I happen to share that concern with respect to that particular option, which is why we have argued that the option we prefer for dealing with extra-billing is the one that says it does not really matter if you bill the patient directly, or if you send the bill to OHIP, as long as you are simply charging the OHIP rate.

**Hon. Mr. Timbrell:** Which is what most are doing in their day by day activity.

**Mr. McClellan:** Yes.

To recapitulate briefly, I dealt yesterday with two of the five items I had wanted to cover. The first was the question of the growth in the health budget and the fact that while it has increased by the impressive total of 68 per cent over the past five years, it has really simply kept pace with inflation.

I predict by the end of fiscal 1981-82 that it will probably be behind inflation measured against the consumer price index, which, as I said yesterday, has risen over the same period of time as of last month, October 1981, by a figure of 66.2 per cent. We know that the health budget has stayed fairly constant over the last 10 years at four per cent of gross provincial product and roughly 27 or 28 per cent of your provincial budget. So there has not been any major increases overall in the—

**Hon. Mr. Timbrell:** It is up to 29 per cent this year—28.7, I think.

**Mr. McClellan:** Well, 27, 28, 29—it has stayed basically the same. All I am saying is that it has stayed basically the same.

2:10 p.m.

The second point I was trying to make is that there have been internal shifts in the health budget. I expressed a concern that those internal shifts favoured doctors' remuneration at the expense of other possibilities, and that they favoured institutional delivery mechanisms—hospitals, basically—at the expense of other possibilities. I want to come back to that.



**Hon. Mr. Timbrell:** Could I just ask a question about what you were saying about the the percentage of the provincial budget? You were relating it to, say, 1971 and comparing it to 1981?

**Mr. McClellan:** Yes.

**Hon. Mr. Timbrell:** You were going by decade. Can I just offer the observation that since 1971 a number of sections of what was then the ambit of the Minister of Health, the old Ontario Hospital Services Commission as well as the Ontario Health Services Insurance Plan and so forth, have been hived off. At that time the environmental health section was in the ministry, and of course about five years ago that went over to the Ministry of the Environment. The occupational health unit left about the same time, or maybe a little bit later.

**Mr. McClellan:** That was not a large-expenditure item. I can see the validity of the point you are making.

**Hon. Mr. Timbrell:** Let me just go through the list. The mental retardation branch, which is a big one, is gone. Children's mental health went in 1977 and I am trying to remember another one.

But the point is, I think if you compare what the ministry was in 1971 and what percentage of the budget it embraced, and put those pieces back together today, it comes up to more like 32 or 33 per cent when you compare total program—total activity to total activity.

**Mr. McClellan:** I am not trying to be rhetorical. I appreciate the comments you are making. It is sometimes difficult for us, with our resources, to put all of these things together. This is not by way of an apology, but it might be helpful, if it is not too time consuming, for those kinds of figures to be committed to paper.

For example, in the Ministry of Community and Social Services we get a briefing book which has much more by way of background information than yours does. You produce a better annual report; they produce a better briefing book. Their briefing book has five-year and 10-year expenditure trends and a fairly detailed description of both programs and specific projects, which is useful for this committee.

I was going to deal with that under the main item in the main office—

**Hon. Mr. Timbrell:** My recollection is that we did provide something similar to that to the Hall commission. We will see if we can pull all that together.

**Mr. McClellan:** That would be helpful. I am still trying to recapitulate. It is difficult when you are speaking from notes to pick up in midstream after you have been interrupted by bells.

The other item I was dealing with, and I think the minister will probably want to come back to it when he replies to my leadoff, is the question of bed cutbacks. He did ask me yesterday—I do not know whether I have the minister's ear or not—the minister did ask me yesterday for my source for the bed statistics for 1974 and 1975. The clandestine source was the Ministry of Health's annual report for 1975-76. Again, the minister may want to challenge my numbers.

I say that between 1976 and 1981 the minister cut 5,391 active treatment beds, and in the same period of time he increased the number of chronic care and extended care beds by 3,758, for a net loss of 1,643 beds. If he wants to take it back to 1975, again using figures from his own annual report—and I do not know what else I am supposed to use except the figures the ministry itself has published as its official figures—we get a more favourable count of the number of chronic care and extended care beds. That count—we are talking about new beds—over a six-year period is 5,617, which is still 1,000 short of the figure you used in Ottawa.

Perhaps I can finish my leadoff and then we can have the kind of conversation I know we are both anxious to have. You are still 1,000 beds short and over six years there is a net loss—not as dramatic certainly—of 35 beds. The fact remains that there is a big chunk of active treatment beds cut out of the system and I contend that it is responsible for the fact that so many dismaying symptoms of overcrowding are showing up in our hospitals.

The second point I dealt with was the question of opting-out and extra-billing and the problems that leads to in two areas. First, through the imposition of a deterrent fee, and there is no other way of putting it. I do not think there is any nice way of putting it. Such a huge percentage of our gynaecologists and obstetricians have opted out. It is a serious problem.

Secondly, I cited Alan Wolfson's study of extra-billing that suggests that the patient-screening agreement, whereby a doctor can send a certain class of patient to the hospital for consultation and then bill OHIP, is leading to a kind of two-class medicine in Ontario. Again, that is not my allegation or assertion. That is Dr. Wolfson's finding as a result of a study he did. It is additional evidence of the serious impact of

extra-billing on the universality of our health care system and on access to health care. Again, I talked about some options, and we will come back to that, I am sure.

The third point I was just starting to cover was the question of how Ontario pays for its health care system. I had commented on the fact that Ontario has the highest premiums in the country, \$552 a year family rate and \$276 a year single. Only two other provinces besides our own have premiums at all. Except for Ontario, most provinces, including the two that still have premiums, have moved to reduce the relative importance of the premium compared with progressive sources of taxation.

I have provided the minister with some information that was prepared by the federal government's social development secretariat which analysed the relative weight of federal transfer payments, provincial general revenue expenditures and provincial premium expenditures in the overall mix of health care expenditures. What the feds had discovered was that between 1975-76 and 1979-80 Ontario had managed to reduce its per capita expenditure measured in costs of 1971 dollars by some 29.3 per cent. During the same period of time the federal government had increased its per capita expenditure measured in constant 1971 dollars by 27 per cent, and this includes the two points of the revenue guarantee.

The interesting thing is that premiums in Ontario as measured as a capital expenditure in constant 1971 dollars are up 27 per cent. The point I am trying to make is that Ontario is unfairly shifting the burden of paying for health care away from progressive income tax and corporation tax and on to the regressive premium. I am not talking about the federal ingredient at this point in the discussion. We can come back to that and discuss whether or not the two points need to be considered in the equation and how they should be considered. All I am pointing to is the fact that, measured in constant 1971 dollars, progressive sources of funding are down 29 per cent and premiums are up 27 per cent.

**2:20 p.m.**

I think that is really regrettable, particularly because we have such a useless premium assistance program. It really is a joke. I do not know how many more years it is going to take before we get to the point of being able to discuss Ontario's premium assistance program without alternately laughing or crying. In 1978, the select committee that looked at health

expenditures discovered that out of 487,000 people eligible for full premium assistance, only 33 per cent were actually taking it up. Even worse, out of 162,000 citizens who were eligible for partial premium assistance, only 1,000 were taking it up; only 0.6 per cent of those eligible were actually getting partial premium assistance. This is the program that is supposed to make the premium system equitable, fair, progressive, or however you want to put it, to build equity into the premium system.

By 1981, we have obviously made some progress with respect to full premium assistance. Unfortunately, I do not know how many people are now eligible because of the changes in the eligibility criteria which have made the program more generous than it was in 1978. I have a question on the Order Paper to the Treasurer (Mr. F. S. Miller) asking how many people are eligible. I am really interested to get that answer. We do know that as of 1981 we have 392,000 people getting full premium assistance.

**Hon. Mr. Timbrell:** What about senior citizens?

**Mr. McClellan:** I am not talking about senior citizens because there is obviously no problem there. Let us not forget what I am talking about. I am talking about problem areas; my job is talking about problem areas.

I can see there are 1.2 million people over 65 who are getting premium assistance. That part of the program is obviously working. Those are my figures as of March 1981, the figures Mr. Boddington gave us. I think they are the most recent figures I have. Perhaps I can go through with this and then you can respond later. That would be easier for me.

**Hon. Mr. Timbrell:** I have more recent figures, as of the end of July or so.

**Mr. McClellan:** Good. I would be happy to get them. There are 392,369 getting full premium assistance; social assistance recipients, 162,000; partial premium assistance, 8,670. I do not know how many people are eligible for partial premium assistance. I assume it is a lot more than the 162,000 who were eligible in 1978, but even if you take that 1978 target, we have five per cent of those who are eligible for partial premium assistance taking it up.

Again, I do not know whether you are supposed to laugh or cry at a figure like that. There is a serious structural defect in the premium assistance program; in other words, it does not work. I do not know what it takes to

persuade the government that it should follow its own advice to itself, presented in either the 1978 or 1979 budget, I believe, and move to a system of tax credits.

We have argued in the New Democratic Party that over time, if we ever had the opportunity, we would phase out the premium assistance and fund health care on the basis of progressive sources of taxation. It seems to me the least you can do is acknowledge the fact that there are many thousands of people in this province who are supposed to be getting relief from the burden of premium taxation but who are not getting it. Not everyone who is eligible for full assistance gets it and only a tiny fraction of those who are eligible for partial assistance get it.

Surely to God the time has come for the government to introduce a tax credit to guarantee that everyone who is eligible for premium assistance and relief from this form of regressive taxation actually gets it. I am continually amazed that this measure is not taken, because it is so elementary and so obviously fair, sensible and rational.

The fourth area of problems I want at least to introduce in my leadoff remarks is the almost obsessive interest of the minister in the question of cost containment, which he spoke to so fully, but I think rather inadequately, in his speech to the Ottawa Kiwanis. I will concede that cost containment is a legitimate and enormously important objective of any government in the health care sector.

Although it is our lot in life to be tarred with the brush of the wild, crazed, mad spenders, in fact, our green paper on health care talks about developing a number of alternatives which attempt to deal precisely with the issue of cost containment. I concede that there are a number of important problems. Unfortunately, the government is not dealing with them.

One of the problems has to do with the increase in doctors' remuneration. Since the Anti-Inflation Board controls were removed in 1979, payments to physicians have increased by 32 per cent, compared with what I understand to be a 24 per cent overall increase in government spending over the same period of time. Payments to hospitals in the last year alone increased by 15 per cent in comparison with a 12 per cent increase for overall government spending.

It is my understanding that in 1980-81 there was an increase in utilization, that is, claims paid by OHIP, in the order of 6.2 per cent. I assume

this had something to do with the efforts of doctors to adjust their salaries. This 6.2 per cent increase in utilization compares with an average general increase in the order of 3.9 per cent for the previous five years.

Finally, if we look at the remarkable statistic—at least it is remarkable from where I think most people sit—the average net income for physicians, according to the Weiler study in Ontario, is now \$83,000. I believe \$93,960 is the figure Mr. Weiler used for specialists. Not only is that an awful lot of money, but when you look at what we pay minimum wage earners in our society, which is something in the vicinity of \$6,000 a year, we are talking about a spread of income that I suspect is unparalleled in our brief history as a society in Ontario. Extremes of the order of magnitude we are talking about are really quite phenomenal.

I had talked earlier in my comments about the amount of our provincial health budget that doctors now obtain and pointed out that the doctors' share of the health budget is increased from 25.2 per cent in 1977-78 to 27.1 per cent in 1980-81.

**2:30 p.m.**

The minister talked in his Kiwanis speech about—I do not want to put words in his mouth; let me just try to find his speech—financial pressures, which he said were attacking the health system on two fronts. He talked about exploding demand for health services on the one hand, and strained financial resources with which to satisfy the demand on the other.

He tried to bolster his argument in that speech by talking about the 68 per cent increase in the budget, which I have already tried to put into perspective, at least, but I do not think he talked adequately about the fact that utilization is controlled entirely by doctors. The patients do not impose a demand and a utilization burden on the health care system by banging on the doors of the system and insisting on service. No patient in Ontario can get health care service unless it is prescribed by a doctor, particularly specialist service or hospital service.

That should be a simple and elemental truth, it seems to me, and one that we should all try to confront openly and honestly. If we are trying to deal with the question of cost containment, we have to concede, openly and honestly, that there are some problems with the freedom given to doctors with respect to utilization and with respect to the fee-for-service system. It is an open book; the two things are related.

If doctors are unhappy with their incomes, all



they have to do is increase the utilization rate; and that is precisely what they do. As I indicated a moment ago, you can measure statistically the periods in which doctors are dissatisfied with their salaries; it shows up in increased utilization rates. During the period of increasing opting-out and extra-billing, during the period in which the doctors were negotiating for a substantially higher increase from the government, the utilization rate went up 6.2 per cent. So there is a direct correlation between the two problems.

It is impossible for any government or any Minister of Health to talk about dealing with what he refers to as "exploding demand," without dealing with the question of fee for service and the question of the doctors' complete control over utilization. It means dealing with our overdependency on hospitals as vehicles for delivering health care service, particularly primary care.

I think for most people in Ontario, certainly for anyone I know, the days for picking up the telephone at seven o'clock in the evening and asking a doctor to come over are gone, and I guess gone forever. In some communities they may still do that, but I suspect for the vast majority of people in this province those are days of the past.

**Hon. Mr. Timbrell:** I think last year we paid for a million house calls out of 60 million claims.

**Mr. Stokes:** Where?

**Hon. Mr. Timbrell:** All over.

**Mr. Kolyn:** Rural ridings probably, mostly.

**Mr. McClellan:** I wish you would give us a list, and I do not mean that facetiously. For a lot of people, particularly in urban areas, if you get sick after six o'clock you phone the emergency department at the hospital, and I think the minister knows that that is the common experience, certainly in urban Ontario. If you are sick after office hours, and it is a serious problem, you have to go to the hospital.

**Mr. Stokes:** Even in rural areas that is true. It is certainly true in northern Ontario.

**Mr. Kolyn:** I know in our particular area there are a few family doctors who do make house calls, even in Etobicoke.

**Mr. McClellan:** It is reassuring to know that the phenomenon I am talking about is not universal, at least. But I do not think anyone is going to argue that the trend is moving in the direction of decreased house calls.

**Mr. Stokes:** In part of my riding, if the doctor

wanted to make a house call, he would have to travel 350 miles one way.

**Mr. Kolyn:** That is because of distance, John.

**Mr. McClellan:** The point I simply want to make is that you have to deal with the questions of utilization; you have to deal with the question of fee for service as the only means of remuneration; and you have to deal with the fact that many people are turning to hospitals and the emergency departments of hospitals as the means of primary health care delivery. We have to start looking much more seriously at alternatives. That is the only point I am going to make, and it is, basically, the point my party has been trying to make over the course of the last five years.

When we look at both the dollar allocation and the per centage allocation in this budget given to preventive health care, it is relatively minuscule. That remains a serious problem. When we look at the use of paraprofessionals compared to high-cost physician care, it remains vestigial.

When we look at health service organizations as a potential alternative to the utilization of hospitals for primary care, again we are talking about what remains almost an experimental project within the overall health care delivery system in Ontario. We have 17 or 19 HSOs and nine or 10 health centres. I am not sure how much of the budget they obtain because I could not find those figures anywhere in the documents which were available to us. Perhaps that can be made available by the minister's staff.

We know—at least, I have been advised that less than two per cent of patient care in Ontario is handled by health service organizations. Yet we know that it is a cheaper means of organizing the delivery of health care, we know that it reduces the hospitalization rate and yet we are not prepared to move, in a serious way, to expand this alternative means of delivery as not just a better way of delivering health care, but as a cost-containment measure.

I gather that studies of the HSO in Sault Ste. Marie have indicated that the hospitalization rate for the patients who are on the roster at the Sault clinic is 45 per cent less than the local average for fee-for-service doctors. Am I wrong?

**Hon. Mr. Timbrell:** It is quite a significant difference, but I do not think it is quite as high as 45 per cent.

**Mr. McClellan:** I was advised by someone who was examining it that it was in that range.

**Hon. Mr. Timbrell:** I will check that out.

**Mr. McClellan:** You can double check that. But we are agreed that there is a tremendous potential for reducing the hospital utilization rate through the development of HSOs across the province with the same kind of strength and range of services as that operating in Sault Ste. Marie. I am advised again that, overall, it is estimated that the hospital utilization rate could be decreased in the ball-park range of 20 per cent across the province by people who have looking at this in a systematic way.

**2:40 p.m.**

When we get to the appropriate item, I would like to have the opportunity to discuss the way the ministry funds and supports the health service organizations in Ontario in some detail. I have a number of alternatives to suggest and I hope we can have a good exchange of views with respect to an objective I think we both share, which is to see that form of health delivery expand and become more than what I view as an experiment. It is time we moved beyond that.

The final item I want to touch on in my opening remarks is the state of our mental health care system. The minister simply has to share some of the concerns I have with respect to what is happening to the mental health care system. Putting it as neutrally as possible, I get the sense of a system that, if not out of control, has lost a sense of vision as to what it is that it is trying to accomplish.

I have a sense that the revolution in mental health care brought about by the introduction of chemotherapy as the principal mode of therapy and treatment in mental health, has simply overtaken both the profession and the policy makers both inside and outside government. I do not think we have ever come to terms with the kind of revolution that the introduction of chemotherapy has brought about over the course of the past 20 years. We have talked about the revolution, but not in terms of chemotherapy. We talk about it in terms of deinstitutionalization, and we talk about it in terms of increased community mental health services.

I am of the view, and I have this view more strongly than I did at the time we dealt with the question of Lakeshore Psychiatric Hospital, that we are not talking about the right things when we talk about community mental health programs. We have not learned how to put those kinds of programs in place.

At one time we—and I include myself—put much too much faith in our capacity to put community support services of an adequate

nature into place quickly. We talked too glibly about moving people from institutions into communities. In fact, all we were doing was dealing with the consequences of chemotherapy, because we were able to control the symptoms for the first time in human history. We thought we had done something really significant and we started moving people out of our institutions and into what my former colleague Jan Dukszta always called “the back wards in Parkdale,” the back wards in the community.

We moved people out of the back wards of the institutions and into back wards in our cities and small towns, into boarding houses, into rooming houses, into slums, into homes for special care in which there was virtually no programming of any kind and certainly no therapy.

We moved people out of the institutions, where at least their medication was more or less controlled or regulated, although I do not think we always knew what the effects of some of these medications were on individuals. We moved them into the community, on prescription, into situations where they could not possibly cope with the kind of regimen that was required to maintain medication at adequate and safe levels.

All you have to do is walk through the streets of Parkdale. In fact you can walk through the bottom end of my riding, which is two ridings east of Parkdale, and you can see, if I may say so, the victims of our mental health care system, wandering around the streets in a drug-induced trance. Their symptoms are under control. Occasionally you see people with the kind of spastic, jerking motions that indicate some kind of overdose; there are various slang terms for the effects that chlorpromazine and some of the other psychotropic drugs have on people. You can see them on the streets.

Our hostel system, designed for an entirely different class of people, is bulging and bursting at the seams. I am advised that there are numbers of ex-psychiatric patients in the hostel system. The transients who used to sleep in the hostels are now sleeping in the city hall garage and in other garages and in stairwells and wherever they can avoid freezing to death. I have to tell you, I have seen people sleeping in the city hall parking garage who did not look like skid row guys. I have been a welfare worker and around the city long enough to know what a guy who has been on skid row for 10 or 15 years looks like.

I do not know what is happening to these people and I do not understand what the Minister of Health expects will happen to these people. I just do not understand it. The minister has tried to set up a discharge planning unit at Queen Street, but the fact remains we do not have places to which to discharge these people. Are they going to discharge them into the slums of Parkdale?

You have to put into place supportive housing programs. I suspect at this point in time the minister realizes it is becoming increasingly a matter of life and death; the situation is that urgent. There are sufficient reductions in the stock of low-cost housing available in any urban area in any part of the province that the ministry is simply going to have to move in and accept responsibility in a major way for the provision of supportive housing.

I am not in a position to try to guess how many housing units are needed. That is a matter for objective, empirical determination and only the ministry can do that. First, the ministry has to agree that it is its responsibility to do that. Then it has to determine the need. Then it has to put the programs in place and fund them properly. But simply to discharge people who are sick, and who remain sick, back into the community is at this point an act of serious irresponsibility.

I have raised questions about the program within the facility as well—in particular within the facility in my own riding, the Queen Street Mental Health Centre. I do not understand why it is so difficult to keep patients, who are so obviously sick and in need of care, from wandering out of Queen Street into the surrounding neighbourhoods without being properly dressed.

I can recount to the Minister of Health literally dozens of anecdotal incidents, given to me by people in my own constituency, of patients who show up at Givins Street school, just north of the Queen Street Mental Health Centre, and sleep there overnight; of patients who are seen wandering in the middle of winter with bare feet and in pyjamas; of patients who wander out at all times of the day and night in their pyjamas. I do not understand how this can possibly happen.

We are not simply talking about voluntary patients; we are talking about voluntary patients and involuntary patients. Again, I have had presented to me a number of anecdotal episodes involving involuntary patients wandering out. One of my sources of information is the police at

division 14, who are frustrated beyond endurance by this situation.

**2:50 p.m.**

The hospital apparently—well, I do not know what the attitude of the hospital is. Having tried to establish a community-hospital liaison committee to work on this—the minister is aware of this and that committee has been trying to do that in good faith over the course of the last five months—I am no clearer as to whether this hospital has the capacity to care for its patients than I was at the start of the exercise. Sometimes they come to the meetings, sometimes they do not. Progress is indiscernible and we still get complaints of patients wandering out into the neighbourhood.

The hospital sometimes seems to give the impression that they think the surrounding community is a group of rednecks who do not like mental health patients at all. I want to say that is exactly the opposite of the truth.

One of the things that is being complained about to me is that the hospital no longer welcomes the community, either on its premises or to use its facilities on a shared basis. I had always thought that was one of the purposes of the program at Queen Street. I have had complaints of people being chased off the grounds of Queen Street when they were there exercising or sitting or whatever. I have no idea what is going on at Queen Street any more.

I suppose the principal problem is I do not have the report of Peat Marwick and Partners, the consulting firm, on problems at Queen Street. It is ironic that the ministry was able to share the report with a reporter for the *Globe and Mail* who went to the hospital and read the document, but the minister has refused to provide a copy of the preliminary report to members of this assembly.

I have a draft document that was prepared by a number of Queen Street Mental Health Centre department heads that outlines the principal recommendations of Peat Marwick. Again, I simply say I do not understand what is going on. I hope that in the course of these estimates we can get some enlightenment.

What we appear to have is a recommendation to turn this hospital into a long-term, chronic care facility. I do not know whether that is the policy direction the ministry is intending to take. People at Queen Street at the staff level are totally convinced that the ministry is already in the process of implementing the transformation of Queen Street into a long-term, chronic care facility with something in the area—



quoting from the report—of 60 to 70 per cent of all beds devoted to tertiary care. I have already dealt with the minister on some of the contents of that report.

One of the problems identified is problem area number 10, the large number of AWOL patients. The problem is identified, but it does not say anywhere what the proposed solutions are. Again, just to finish on that, I do not argue with the open-door policy with respect to voluntary patients, but I do not think it is asking too much of any hospital that they make sure the patients are dressed before they leave. Is that an insuperable task for a hospital, to care for its patients sufficiently that they make sure they have clothes on before they go out on the street?

Secondly, your obligations under the Mental Health Act are to protect involuntary patients, either from themselves or because of the danger they represent. They are, by definition, dangerous people. How is it they can wander out into the surrounding community? I simply do not understand it and I am not being rhetorical.

On the proposal the minister has put forward to date for dealing with the housing crisis of ex-psychiatric patients, the Whitby cottages proposal, I have to say I find it hard to believe he is serious. I mean, what kind of policy is it to discharge a psychiatric patient to the grounds of a psychiatric hospital? Who are you kidding?

I understand the need for something because of, quite frankly, the risk to life this winter. I believe there is a risk to life this winter and I suppose anything the minister does to make emergency shelter available to people who are living on the street is just necessary, but I really want to have some understanding of what your long-term policy is because as I see it now there is a vacuum that is putting people in severe danger.

At any rate, those are the five items I feel require urgent attention by the ministry. There are a million and one other things we can talk about and probably will at least touch on, but I hope we can, over the course of these estimates, have some helpful discussion on those points and a number of the points that were raised by my colleague, Mr. Van Horne.

**Mr. Chairman:** Mr. Minister, I guess you will be responding now to the comments of the opposition critics?

**Hon. Mr. Timbrell:** Yes, Mr. Chairman. I would like to do that, recognizing that in a number of these areas my remarks at this point will be fairly general, because to get into some

of the details such as, for instance, some of the aspects of the operation of Queen Street, I will want to do that at the time of the vote on the psychiatric hospitals branch, so there is an opportunity for a number of my staff to offer their input.

**Mr. McClellan:** I think that is more useful.

**Hon. Mr. Timbrell:** If I can I will start with Mr. Van Horne's prepared remarks from yesterday, because I understand he has to leave at about four. I will try to get through as much as I can before he goes.

On the second page of his comments he got into the question of the various percentage figures with respect to physicians. All the members will know that it has been our position from the beginnings of the health plan in the province—and it has gone through two or three forms, first OMSIP, then OHSIP and, for almost 10 years now, OHIP—that physicians, like the public, should have the right to choose the form of practice.

Going back to the first few years from about 1966-67 to the early 1970s, that took the form of a system of balanced billing. In 1971-72 it was decided there were problems with the way the system was working and it was felt it would be better, more in the public interest, if the physicians had to choose: if they opted in, accepting in full payment from the plan; or if they opted out, assuming the extra risks that go with that, nonpayment of accounts and that sort of thing.

In Mr. Van Horne's remarks he referred to figures in the order of 15.5 per cent of the physicians billing the plan being opted out. The most recent figures for October would indicate that that figure is now 15.3 per cent, a marginal decline since the spring.

**3 p.m.**

The honourable members will know that there are two particular arguments I have always made about this that I do believe very strongly have to be kept in mind. First of all, there is the fact that, given the growth in numbers of physicians in the province relative to the growth in population, notwithstanding this figure of 15.3 per cent which is higher than what was a seven- or eight-year norm of 11 or 12 per cent, the ratio of opted-in physicians to population today is better than when the plan began in the early 1970s. That is to say, there are more opted-in physicians today per thousand population, or by any measure you care to use, than there were when the plan began.

Secondly, while it is true that 15.5 per cent of the physicians billing the plan are nominally opted out, in a great many cases that opted-out status is one of principle. There is a large number of physicians in the province—and the estimate has been made by several people over the years that it is probably about a thousand—who never opted in, who have always, on principle, dealt directly with their patients and who, in the main, also do not bill in excess of OHIP rates, or if they do it is marginally. We have the experience in our own family of a paediatrician who has never opted in but, looking over the last year's bills, I think it comes to about a two per cent difference overall between what we paid to him in the last year and what we were able to recover from OHIP.

There is also related to that the fact that there are a great many physicians working in the teaching hospitals and in other salaried positions, including the HSOs and the clinics, who, if you want to round out the comparisons, have to be included on the opted-in side of the ledger in that they are not billing the patients directly, and that further improves the figures when you talk about ratios to population.

**Mr. McClellan:** These are the part-time—

**Hon. Mr. Timbrell:** No, I am talking about salaried physicians working in teaching hospitals or in the Sault Clinic or Flemingdon or whatever.

**Mr. McClellan:** Do you have numbers?

**Hon. Mr. Timbrell:** Offhand, no. Maybe I can get those for you, I am not sure.

**Mr. Van Horne:** Would you excuse me, Mr. Minister? Did you say technically they are in?

**Hon. Mr. Timbrell:** If you are talking about accessibility to physicians who do not bill extra, I think you have to include them because on a daily basis they are treating and serving the public.

Finally there is a point about the percentage of claims, and for quite some time that stood just below eight per cent; I think the last figures I gave you in answer to a question, perhaps it was one of yours—

**Mr. McClellan:** It was 7.9 per cent.

**Hon. Mr. Timbrell:** It was 7.99, so for all intents and purposes that is eight per cent. The most recent figures, for October I think, show that has dropped to 6.9 per cent.

**Mr. McClellan:** Could you table your up-to-date opted-out statistics?

**Hon. Mr. Timbrell:** I am not sure whether we have prepared them in the detail we had them in before. It may take a while.

**Mr. McClellan:** If there have been significant changes it would be helpful.

**Hon. Mr. Timbrell:** From 15.5 to 15.3; I do not think there have been significant major changes but there has been a one eighth, say about a 12 per cent, reduction in the percentage of claims that were opted out and we are down, as of October, to 6.9 per cent. I think in August or September, one of those months, less than six per cent of the claims were extra billed.

Obviously this has been a matter of contention for some time between your parties and ourselves. I understand the position of the New Democratic Party which is essentially that of the Quebec model; if you are opted in you accept the plan payment in full, if you are opted out neither you nor the patient get anything. That is essentially the Quebec model.

It has been my feeling all along that the Quebec model is unique to Quebec because of a variety of factors. They are able to retain the physicians in the province because of language and culture and familial ties.

**Mr. McClellan:** Again this is my fault because of my mis-speech yesterday, but our position is that they would be one price, the doctors would only be permitted to charge the insurable rate. Whether they were opted in or opted out, it did not really matter to us.

**Hon. Mr. Timbrell:** That is the same. Quebec does allow the physician to be opted out and bill the plan the *régie* figure, although there is some quirk in there that the previous minister, Dr. Lazure, put in the plan that if those figures get up to a certain level he can knock them in by fiat. I do not know whether the present minister, Dr. Johnson, has done that, but it is there.

It is our feeling that in a mainly government financed health plan one can achieve a lot more progress and better administer the plan in a working relationship, a partnership if you will, with the physicians, who I think you will all admit have a pivotal role in the ordering of the system, than by telling them how they are going to practise. They tried that in Saskatchewan in 1961-62 and we all know what happened. It took Lord Taylor to come from the UK to work out some kind of a compromise.

**Mr. McClellan:** They also got medicare.

**Hon. Mr. Timbrell:** But they had had medicare of a form since Swift Current. They tried to implement a system that fitted all the physicians

into one mode and they got a strike for their troubles and it took Lord Taylor from the UK to straighten that out. Interestingly enough, the way he straightened it out was with the Medical Care Insurance Corporation system of mode one, mode two, mode three billing; mode three being extra-billing in Saskatchewan, which to this day exists, allowing any physician to extra-bill any patient for any service at any time.

If I remembered correctly, the last figures I saw indicated that in their case that accounted for about three per cent or four per cent of claims, admittedly lower than ours.

**Mr. Van Horne:** The mode three?

**Hon. Mr. Timbrell:** The mode three, as I recall, accounted for around three or four per cent of the claims which would be extra-billed.

Every other province has adopted some form of a plan that allows for this choice for physicians, except for Quebec, and I really would argue that the Quebec situation is unique because of a variety of factors, although at that time they did lose and since the coming into power of the present government have lost a number of physicians to other parts of the country and, unfortunately, out of the country.

What it comes down to is that it is really a political, philosophical matter, I suppose. I think we can achieve more—particularly when later on we get into some of the comments that Mr. McClellan made about utilization; I am sure you are concerned about that too. I think you are going to get a lot more out of trying to work with the physicians to change prescribing habits, surgical habits, day-to-day practice habits, than trying to dictate those changes, because the fact is that trying to dictate changes just simply will not work. We have found that out over the years. Even when we thought we were being conciliatory, when we have been perceived as dictating the way medicine was going to be practised, invariably we got absolutely nowhere.

**Mr. Van Horne:** If I could interrupt, Mr. Minister, there has always been a question in my mind as to how you might go about this. In other words, when you say you would get along better with the doctors if you tried to work with them rather than dictating to them, are you talking of the political you?

3:10 p.m.

**Hon. Mr. Timbrell:** I am talking about the government, the ministry, the local hospital, wherever the interface is. In the local hospitals I have said many times it has to be a three-way

partnership of the board, the administration and the medical staff. If any one of the three is perceived to have an upper hand over the others, sort of the veiled glove, then you have trouble.

**Mr. Van Horne:** All three three political parties have, I am sure, a common goal. The routes we would choose to arrive at that goal vary, one party from the other. I am wondering if you have ever contemplated a forum for the three political views to be expressed with the medical people and hospital people being part of that forum too.

**Hon. Mr. Timbrell:** There have been. There have been a number of local forums over the years that I have been aware of, where various branches of the Ontario Medical Association, for instance, have invited representatives of the parties to come and express their views.

**Mr. Van Horne:** In my limited time in this role, I have not encountered that. I am just wondering, is that a happenstance thing, or is that a regular occurrence?

**Hon. Mr. Timbrell:** I think there are 11 districts of the OMA and each district, as I understand it, has a political liaison designate who is responsible for keeping in touch with all of the political parties, and from time to time those 11 districts will organize functions. I have taken part in one or two. I can remember going to one up near Alliston, or somewhere up that way.

**Mr. Van Horne:** That has been at their urging?

**Hon. Mr. Timbrell:** Yes.

**Mr. Van Horne:** I am wondering about the initiative coming from the minister's office.

**Hon. Mr. Timbrell:** They are avid readers of Hansard, they take from that the statements, the questions and the responses to find where the political parties stand.

**Mr. Van Horne:** Put into other words, the ministry has not initiated this kind of thing.

**Hon. Mr. Timbrell:** No. I do not think it is for the ministry to initiate a political tripartite exposé, but the OMA have, as have the Ontario Hospital Association at times.

**Mr. Van Horne:** I have to go back to your statement that the best way to make any gain is to work with them, rather than to dictate. If the ministry does not take the initiative, you are missing the boat. You do not have anything to lose.



**Hon. Mr. Timbrell:** I will consider the suggestion, it is one I had not thought of.

If I could carry on, you will know that now the federal budget is out, I expect some time within the next month there will be a federal-provincial conference to consider the aftermath, and in the federal budget there was a reiteration of the intent on their part to do something about the criteria for medicare.

The Minister of National Health and Welfare indicated to us, when a group of four or five provincial ministers last met with her in Montreal at the end of September or early October, that we would be meeting. This is a matter that, I am sure, is going to continue to come under extensive discussion now.

The federal minister has previously indicated that in her view, and I do not know whether this view has changed in any way, there should be no extra-billing. That is Justice Hall's position. I would remind you though, Justice Hall made that observation, as I read the report, not saying that extra-billing has damaged medicare, but rather that in his view it could. I guess that is where we part company.

Most of the provincial ministers agree, number one, that it has not damaged medicare, but part company with him on the second point to say that it would not damage medicare in the future. There is also the fact that, again, virtually all the provinces take the position—and I am sure Quebec will be most adamant, for instance, on this point—that given the form of our constitution, both the existing one and the proposed one, which gives the provinces authority over health matters, that the federal government should not be attempting to dictate the priorities—in effect, the policy—of the provincial governments in this area.

When one looks back to the comments of the Prime Minister and the then ministers of Finance and National Health and Welfare in the mid-1970s—starting with the announcement in September 1975 that the previous cost-sharing programs for health and post-secondary education were going to be changed—and all the speeches they made leading up to the signing, in the spring of 1977, of established program funding, they were quite clearly on the record as acknowledging the primacy of the provincial governments in the health care field and that this new formula would give the provincial governments more scope to set their own priorities in these fields.

I would remind you on that point again, lest we forget, that notwithstanding that the federal

minister in two federal election campaigns tried very hard to make the allegation stick that the provincial governments were diverting money from health care to roads, sewers and so forth, Mr. Justice Hall, on examining the record, found those allegations to be unfounded.

**Mr. McClellan:** What he found was that you did not take into account the two points on the income tax, whereas other people did. That is all he found.

**Hon. Mr. Timbrell:** Yes. I would submit to you, my friend, that the document to which you were referring—a copy of which you handed to me today and which I have already lost—was leaked by another part of the federal administration, trying to shore up the very weak arguments of the Minister of National Health and Welfare. She was wrong, she was proved wrong, and after the release of the Hall report she admitted she was wrong. She said she got bad advice, or something, but admitted that she was wrong; that the provinces were not diverting it.

You will recall that at the time all of the provincial ministers of health and treasurers rose up in indignation at those comments. I recall a certain provincial Treasurer—he might even have been our own—saying she was stupid. I will not get into my opinion. The fact is she was proved wrong.

The coming federal-provincial discussions are not going to be easy. The provinces, particularly Quebec, feel very strongly that this is a field of provincial primacy and that the federal government has no business dictating to the provinces what their priorities will be or how they are going to deliver services.

Moving on to Mr. Van Horne's notes, on page three he quoted me about getting physicians back in, et cetera. The figures I quoted indicate that while there has not been a significant decrease in the percentage of physicians billing the plan who have opted back in, there has been a significant reduction, to date, in the percentage of the claims that are opted out—from about eight per cent to just under seven per cent, 6.9, at the last month. We are pleased to see that coming down, or at least stabilizing.

On page four, Mr. Van Horne, you get into the question of user fees. When I have discussed this publicly, or when we have discussed it in the House, which has not been that often, I have pointed out to you that we have had user fees in place in certain areas of the system for a number of years.

In the case of the ambulance system, since the

beginnings of provincial coverage of ambulance services there has been a copayment. Since the day, almost 10 years ago, when we began covering extended care in nursing homes, there has been a copayment. For almost three years there has been a copayment in the chronic care facilities, roughly equivalent to that in the nursing home system.

**Mr. Van Horne:** If I could interrupt, I am aware of those and I am sure Mr. McClellan is too. Mr. McClellan made greater reference to the now famous Kiwanis speech. What happens when you or someone in the upper echelon of your ministry starts talking about user fees, the media snaps it up immediately and the average guy in the street, who is concerned with having enough money in his pocket to make it from one week to the next, gets the view that if he has to go to the doctor or to the hospital, and this thing comes into play, he is not going to be able to afford it.

Leaving out ambulance service, extended care and so on, that is the concept in its very broad terms for the man in the street. You come through, whether you intend it or not, as almost threatening people. I realize the concern you have to make ends meet or to find the money to make the system go. But it comes through as a threat. That is my point.

**3:20 p.m.**

**Hon. Mr. Timbrell:** Let me deal with that. Obviously, trying to be a good politician if nothing else, one does not go around trying to threaten the public.

What I was trying to do in that Ottawa speech was to sound the alarm in a couple of areas to alert the public to problems of utilization; to the fact that in all areas of the ministry the use of the system in the last five years—I can relate best to the last five years—has grown at rates far in excess of the growth in population. A couple of areas come to mind.

Ambulance calls were up 25 per cent in the last five years. In the same period, the population has gone up about six per cent. Our OHIP claims in the same five-year period would be up about 30 per cent, which is five times faster than the rate of growth in population. Our spending on home care in the last five years is up 250 per cent, although in this case a conscious decision was made to increase spending there significantly as an alternative to hospital care. I do not include that as an alarm.

I also wanted to remind people, as we were coming into the fall political season, of some of

the things which the federal Minister of Finance had said in his October 1980 budget, because it could not have been clearer. The Prime Minister repeated some of those things in the press conference he had on September 1. They were talking about cutting by the second year, which would be 1983-84, \$1.5 billion a year out of transfers to the provincial governments.

It has not come to pass in the form in which they had mused about it before, or at least it has not yet; you always wait for the second shoe to fall, I find, with the present Minister of Finance in Ottawa. But I want the public to be aware of that and the kinds of problems that sort of change in federal policy will create for people like myself in every one of the provinces.

**Mr. McClellan:** Why talk about user fees as opposed to—

**Hon. Mr. Timbrell:** I am coming to that.

**Mr. McClellan:** If we have to raise taxes, let us talk about raising taxes.

**Hon. Mr. Timbrell:** I am coming to that. When I talked about the impact—and if it had been \$1.5 billion, the impact on this province would be something in the order of \$600 million a year, which is no small amount of change. So, I indicated to people, in that speech and in a number of places around the province since then, that there are obviously a variety of options, one of which was expansion of user fees, and that we had investigated how user fees were employed in other provinces. Virtually all the provinces have some form of user fees in some areas.

But that was only one proposal. I also said, every time, that first and foremost, however large the problem the federal government would cause for us and whatever we had to do to respond to it, we wanted to maintain the system. But for my ministry, one of the areas that we would not be looking at would be large-scale cutbacks in the system, closing of facilities, elimination of programs, and that sort of thing.

It was intended, as I say, to warn the public about these problems. When the Minister of Finance includes it in a budget and the Prime Minister of the country reiterates those comments in a press conference, then one has to take that seriously and has to say to the public, "This is what they have said and here is the magnitude of the problem it could be causing for us."

It was not meant to be threatening. I am sure you have found the same thing. Once you make a speech, you cannot control the headline and

you cannot control the interpretation. That is a problem you and I live with every single day.

**Mr. McClellan:** I think it was because of what you said. I have your speech here. As I recall it, you talked for about 15 pages about concerns with respect to escalating costs and various cost-containment measures. Then you said, "We cannot flatline our health care system." And then you said, "Our efforts to control costs must be directed with great sensitivity, and beyond control we may have to contemplate raising additional funds from within the system itself, including employing modest user charges as already developed in some other provinces."

You did not talk about it in the way you are talking about it now, neither did you say we may have to contemplate raising income tax or corporation tax to add additional revenues. At least I do not think you did. You talked about user charges.

**Hon. Mr. Timbrell:** No. I think I did expand on it there, and certainly in subsequent interviews immediately afterwards and in comments made in the weeks and months since, to contemplate whether we would have to increase premiums. I will come to whether we are even going to have premiums.

One of the things I talked about was the fact that in a number of communities we have been promoting rationalization discussions among hospitals involving local health councils. My policy has generally been to let those take their natural course and not force them too much because the usual reaction is that you end up losing everything if you force it too much. I said we might have to escalate and intensify some of those discussions in order to effect the savings from rationalization to be applied then to maintaining other parts of the systems. There are a number of things that could be done.

**Mr. Chairman:** Mr. Kolyn, you wanted to interject?

**Mr. Kolyn:** Just before we get away from user fees, I would like to go back to the Saskatchewan user fee bit. I like their system of having a plastic card where they code who is on assistance or partial assistance. When you go to a doctor, he can look at the code and then he knows darn well there is no point of charging you what you really cannot afford, so he would probably charge the real rate.

I think of the problems we have been having with user fees here in Toronto. We have had the unfortunate case of where you are going in for an operation into a hospital and they say "Sign."

It is just like going to a dentist and he says it is \$50. You have not got it, but you say: "Pull the tooth out, doc. I will pay you later."

**Hon. Mr. Timbrell:** Hospitals say sign what?

**Mr. Kolyn:** The anaesthetist says sign that you are going to pay him the extra for the user fee. If a person cannot afford it, he would sign anything until the operation is over and then say, "I am not going to pay it anyway."

The problem is that we seem to have got to the point where some people are forced in that direction. All I am saying is if we had the plastic card, then when you went to a doctor and he looked at the number of the coding, he would know you are on partial assistance or on assistance and he would not even ask you for extra user fees, knowing you cannot afford it.

**Hon. Mr. Timbrell:** We have looked at the notion of a card. The problem is that the way our system is set up the same number through which claims for you are paid is also used for Mrs. Kolyn and any children who are still at home and covered by your family subscription. We do not have a unique numbering system.

It is something we have looked at a couple of times. I am trying to remember the cost of it. It seems to me the first-year cost of implementing it was something in the order of \$4 million or \$5 million, and every year we have looked at it and said we can use that \$4 million or \$5 million some better way.

**Mr. Kolyn:** It seems to me that since we have user fees and have had for a long time in Ontario as well as other provinces, we should try to implement it and streamline it. No one is saying we are going to do away with user fees either here or anywhere else.

3:30 p.m.

**Hon. Mr. Timbrell:** The user fees we have in the system are universal. If you go into a nursing home, you pay a per diem. If you use an ambulance, you pay a copayment. If you are in chronic care, there is an exemption system depending upon dependents, income and so forth, which is fairly complicated but very fair, we think. There is a senior citizens' card that is used for a variety of things to identify those who are in receipt of old age pension, drug benefits and that sort of thing.

We have looked at what is called a unique personal identifier, UPI. My figures may be low, but I remember \$4 million or \$5 million as being the estimated cost of first-year introduction. Let me come back to that. I will talk for a few minutes about premiums.



If you look at page 15, the third paragraph, I talked about raising more revenues or cutting services. I went on from there into a number of other areas.

**Mr. McClellan:** I think the concern Ron and I are expressing is that the only thing you talked about in terms of raising more revenue was user charges.

**Hon. Mr. Timbrell:** And maybe raising more revenue. One could argue that raising more revenue could have been—

**Mr. McClellan:** I do not know the difference between a user charge and a deterrent fee, that is my problem. I do not think there is any difference between a user charge and a deterrent fee.

**Hon. Mr. Timbrell:** On the reference to the potential for user fees later in the speech, one could argue that raising more revenue could have been more explicit—that is, premiums or taxes—but that is in fact what was meant.

**Mr. McClellan:** That was not what was communicated, obviously.

**Hon. Mr. Timbrell:** That was not the emphasis that came out of the media.

**Mr. McClellan:** Oh? I did not read it with bad faith, I can assure you. I read it and took it at face value: Dennis is talking about user charges, which to me is deterrent fees.

**Hon. Mr. Timbrell:** The reference on page 15 to raising more revenue was intended to refer to the traditional sources of most government revenue, taxes or premiums or whatever.

**Mr. Van Horne:** Out of curiosity, at what time did you finish that speech? Do you recall? Whatever the time was, I think it was about 45 seconds before the press people called me, miles and miles away, to see what my reaction was.

**Hon. Mr. Timbrell:** It was probably released here about the time I was due to stand on my feet and give it. That is what is usually done.

**Mr. Van Horne:** The response was immediate.

**Hon. Mr. Timbrell:** Understandably.

**Mr. Kolyn:** Mr. Minister, could I ask one more thing about the speech—

**Mr. Chairman:** Mr. Kolyn, and all members of the committee, if you would allow the minister to respond to the comments from the two official critics from the opposition, we will then have an opportunity to go into the various details.

**Mr. Kolyn:** It was in regard to what Mr. McClellan was saying.

**Mr. Chairman:** To what degree shall we start going to various dialogues? The minister no doubt wishes to respond to the opposition critics and I would prefer it if we could continue it that way. You can keep your question in mind.

**Hon. Mr. Timbrell:** Mr. Van Horne, on the bottom of page four you refer to the Breau report. On page 108 of their report they commented on the question of user fees and to the best of my knowledge this was a unanimous comment. They stated that from what evidence they had heard, and understandably they would have heard from all sides, including from those who feel that any charge for anything at any time constitutes a deterrent, "The task force did not hear any evidence that they constitute a barrier to accessibility" et cetera. They talked about exemptions and so forth.

Indeed, going back to the original four or five criteria which constitute the relationship between the federal and provincial governments on health care, one of the criteria requires that there not be excessive user charges that would constitute barriers to the system. That is quoted from memory and may be incomplete.

Right from the very beginning they allowed for the fact that some provinces would have some fees for some things. In Saskatchewan there is a co-payment, I believe, for the drug benefit plans. In Newfoundland, BC and Alberta there are various types of charges for some hospital services. On July 1, Saskatchewan introduced user charges for nursing homes and chronic care. The system, I understand, is very similar to what we have had here for a number of years.

Each province has done something a little different on that. I wanted you to be aware of that comment from the Breau report. There was another point I was going to make, but it escapes me.

**Mr. Chairman:** Would you mind, Mr. Minister, if we have some interjections on the various aspects?

**Hon. Mr. Timbrell:** I do not mind.

**Mr. Kolyn:** I just wanted to follow what Mr. McClellan said. One of the ways of raising additional revenue is what Mayor Lastman of North York suggested, putting on a mill rate or two. What do you think of that idea?

**Hon. Mr. Timbrell:** I am glad you raised that because I was on council when that was brought

in, or shortly after it was brought in. Let us get back to how things get interpreted.

North York had a plebiscite in 1966. The question on the ballot was whether or not there should be a special levy for hospital purposes. This was before North York General was built and before York-Finch was built; I guess Branson was built, but it was probably before one of its expansions. What else do we have in North York that was not around then? Anyway, it was in the days before the big expansion of hospital services in our community.

The plebiscite was approved overwhelmingly and, starting in 1967, following on the plebiscite, council approved the one mill levy which is allowed for in the Municipal Act. There is a section in the Municipal Act that says a municipal council may levy up to one mill for hospital purposes.

In about 1978 or 1979, North York General having been built, York-Finch having been built and so forth, the council reduced the levy to half a mill. My understanding is that Bob Davies, treasurer of North York, still has an account somewhere with an amount of money set aside from this special levy that council can, on application, grant to hospitals. It might be for equipment purchases, it might be for land purchases, it might be for contribution to capital construction—whatever. All the mayor is proposing is to get it back up to the one mill it was for over a decade.

Mind you, he is also, as I understand it, applying a couple of interesting twists. I do not want to be unkind to him, any more than usual.

**Mr. McClellan:** Why not?

**Hon. Mr. Timbrell:** He is saying that it would go towards beds or facilities that would be used by North Yorkers. I have more than a little trouble with that because I do not care where you go in the province; especially in a large metropolitan area, people just do not care about municipal boundaries. In fact, when it comes to hospital services, they usually go where their physician has admitting privileges. We live way up in North York, but our baby was born across the street here at Women's College Hospital because the doctor has admitting privileges there. That is where he operates.

I have some difficulty with that. What he is proposing is not something new; in fact, it would only restore North York to the position it had been in for a number of years.

**Mr. Kolyn:** Have other municipalities started it, or are they thinking of it?

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** I wonder if we could go back to your response to the leadoffs and then get into a more open discussion.

**Hon. Mr. Timbrell:** Just to finish the last point, yes, some other municipalities have looked at it. Whenever a group comes in to see me about their capital projects and their fund-raising programs, I always suggest that they talk to their local municipal, county or regional council about getting municipal contributions, specifically utilizing this section of the Municipal Act that provides for an up to one mill levy.

The other point was—and the comments in the Breau report bear this out—that user fees, where they have been developed to date anywhere in Canada, are admittedly a small percentage of the revenue which funds the system. Even if we were to implement user fees in Ontario to equate to every other type of fee used in every other province, it would still be a couple of percentage points in revenue.

3:40 p.m.

I believe, philosophically, that they have a place as long as they are properly and carefully tailored. I repeat that I do not believe—and I have been consistent on this in five years in the portfolio—in deterrent fees. If you want to get at problems of utilization, I do not believe the way to do it is to set up fiscal barriers. The way to do it is change the system, and we will get into things I have done to do that.

You have to work with the doctors, and our efforts in that regard are intensifying this year in setting up special purpose groups with the medical association to identify factors contributing to growth in utilization of the system and to try to find ways to turn that around. If you really wanted to deter with fees you would have to make them so high that you would deter some of the wrong people.

**Mr. Van Horne:** That worries me too in the report, at least in the notes I used yesterday.

**Hon. Mr. Timbrell:** As regards the hospital funding, this is obviously by far the largest single component of the ministry budget. I guess the public hospital component for this current fiscal year now stands, with the adjustments that have been made to date, at something in the order of about \$2.75 billion, as compared to the first year I came in, when the hospital component was around \$1.5 billion or \$1.6 billion. It is \$2,759,201,000, which includes the additional

\$118 million, about which we notified the hospitals in late June or early July, to cover the settlements.

It does not include some of the figures in the supplementary estimates that have been approved since, that deal with growth and life support programs in 1980-81 and the carryover of those into 1981-82, as well as a couple of problems such as revenue loss. Some hospitals last year experienced revenue losses from out-of-province claims or WCB and that sort of thing, and there are some adjustments there. So that is adding even more, getting it closer to \$2.8 billion.

The honourable member referred to waiting times of three weeks for elective surgery. I am not a physician but three weeks for elective work does not seem to me to be out of line. You made the point that that was at a time of year when demand is down, but so too are the number of beds that are open and available for elective work because that is the holiday period for the hospital and medical staff as well.

**Mr. Van Horne:** When we reach that item, which comes in the middle of vote 3202, I will have a few of the questionnaire forms with me and will provide additional comments made by some of the hospitals.

I used the words "on average." The number of hospitals that replied was 130-odd; I think 134. I had it with me yesterday, but I do not have it now. The times were worked out on average, and that is the number we chose to put in rather than giving you a litany of 130-odd replies. It would be interesting to look at some of the comments of those that had longer waiting periods for elective surgery.

**Hon. Mr. Timbrell:** Yes, but there is one factor which I do not believe is ever really properly taken note of when you talk about waiting periods for elective surgery, cancellations of elective surgery and so forth. It is a problem which is not unique to Ontario; none the less, it is a significant problem, namely, the problem of blood supply.

More often than not, I would submit to you—and I cannot prove this statistically; it is only intuitively from having been in the portfolio as long as I have—delays and cancellations are caused due to problems of blood supply more so than problems of numbers of beds or availability of beds or anything like that. It appalled me, and I am sure it would appal you, when we got into consideration of some matters relating to blood collection and so forth a year or so ago, to find out that only four per cent of the population of this province donate blood,

and 100 per cent of the population are dependent on four per cent for the blood supplies necessary to maintain our emergency services.

**Mr. McClellan:** Is that unusual?

**Hon. Mr. Timbrell:** No, I think that is about constant. That is shocking. So you understand why we gave the Red Cross some initial funding to work up some ideas on how to improve on that.

Interjection.

**Hon. Mr. Timbrell:** That is true. As I recall some of the discussions on blood fractionation and so forth, Ontario is relatively self-sufficient in blood. We are subsidizing other provinces for their blood needs; other provinces have lower figures.

**Mr. Van Horne:** That appals me too. I am an infrequent donor, but I do donate blood and I am surprised to hear that the number is that low.

**Hon. Mr. Timbrell:** I am sure in some of the reports there will be concern expressed by some of the medical staff about cancellations, delays and so forth. What you do not read about in those reports, and I submit to you it is a significant factor, are problems with the blood supply. There are only so many things you can do as bloodless surgery and other things simply have to be put off when the bank gets too low.

Dr. Dyer points out to me the surgical rate in Ontario is apparently 30 per cent higher than in the United States, and this, again, is just one of the factors in the overall utilization question. More surgery is performed and, for that matter, our hospital utilization is about double the American rate. The rates of admission, the hospital utilization in Canada, and Ontario is typical of Canada, are about double the figures in the United States. We are no healthier; they are not dying any faster. That is just another illustration of our overall problem of utilization.

You referred to CAT scans. Some of my staff this morning did a quick survey of waiting periods for scanners in Metro. I would remind you that on February 26 I announced the results of the evaluation of CAT scanner policy which had been going on for about a year and a half, based on which the previous policy of one scanner for every 500,000 population was reduced to one scanner for every 300,000 population. I expect in the not-too-distant future to get the recommendations from the Metro health council as to where additional scanners should be placed around Metro.

Even before the recommendations for additional scanners under the new policy, we



already have in place in Ontario today more scanners than the whole of the rest of the country put together. In fact, I was surprised to learn that the University Hospital of Saskatoon just got a scanner six months ago, the first scanner in the whole province of Saskatchewan. We have had them in Ontario since 1973, albeit controlled, because we have wanted to avoid the excesses that occurred in the United States.

I remember when the former Secretary of Health, Mr. Califano, was visiting with us in the fall of 1977, we got talking about the problems of controlling the introduction of very expensive new technology. I remember very well his saying that in the county of Los Angeles alone there were enough CAT scanners at that time to serve the whole of the United States west of the Mississippi. In their country there is total lack of control on the introduction of this high-cost technology. We have controlled it and phased in its introduction we think in a responsible way.

In this survey which some of my staff did this morning, they found that all the hospitals surveyed did their emergency cases on the same day. The urgent cases were ranged from the same day to the next day—at most a few days—to scan the emergency cases. It may well be that elective cases are waiting longer, especially outpatient scan. With the introduction of additional scanners, where recommended through the health council, I would hope that can be controlled, but I cannot say to you, not having any way of controlling the kinds of things for which elective scans would be ordered, that there will not be waiting lists. There is not a set of factors that says you should order them for this and you should not for that; it is a medical judgement.

3:50 p.m.

I cannot say to you that for elective scans there will not continue to be waiting lists, but that is another function of the overall utilization question, getting at and highlighting some of problems of the ordering of scans, lab tests, X-rays, you name it. We have concerns in that area.

**Mr. Van Horne:** Mr. Minister, I must excuse myself. The next topic after hospitals and funding was mental patients, outpatient care and housing. That is a concern all of us have, not the least of which is Mr. Ruprecht's concern, and he will be able to listen to your response in that area.

The other topics I would gladly pick up as we

go vote to vote if you wish to shift over to Mr. McClellan's remarks.

**Hon. Mr. Timbrell:** It would probably be better if I just work my way through. Once we go vote to vote, we will be getting into more detail anyway.

**Mr. Van Horne:** That is okay with me.

**Mr. McClellan:** Mr. Chairman, just to clarify, are we sitting until five?

**Mr. Chairman:** We could sit until six. There was a motion to adjourn at approximately 5:15 or 5:30, but I will entertain any motion that members of the committee may put forth to sit officially until six.

**Mr. McClellan:** I think we should quit about five.

**Mr. Chairman:** If you reach five o'clock and you want to move a motion, we will make a decision then.

**Mr. Ruprecht:** Can you tell me when you will be considering mental care? When will you begin that?

**Mr. Chairman:** It is hard to predict.

**Hon. Mr. Timbrell:** Medical care?

**Mr. Ruprecht:** Mental health.

**Hon. Mr. Timbrell:** Which vote is that?

**Mr. Chairman:** It is under institutional health services program, psychiatric services, which is vote 3202, item 2.

**Hon. Mr. Timbrell:** Given the many things covered in the opening remarks of Mr. Van Horne and Mr. McClellan, I suspect I will go at least to five o'clock, so I will stay away from the psychiatric services today.

On the question of hospital funding, this was in the Ottawa speech, but I think it bears repeating. In the last two years, even before there was any consideration of the part II budgets for the hospitals, which was intended to identify problems of growth and new programs, funding for the hospitals has increased by \$600 million. I think that is something like 29 per cent in the last two years alone. I do not think we have to apologize to anybody for our record of trying to cope with the problems of growth in the system and the corresponding funding. As long as I have been minister, where problems have been identified, we have gone back to our fiscal masters and argued the case for the system, and usually we have been reasonably successful. We have not always got everything we have asked for; I do not think anybody ever does.

Mr. McClellan made this argument too. You were commenting on the fact that while the funding for the hospitals this year was increased from 10.1 to 12.1 per cent, the latest inflationary figures indicate that CPI is 12.7 per cent. I would remind you that 75 to 80 per cent of the costs of the typical hospital is for salaries and wages, and all of the settlements have been in the 11 per cent range. The balance, the 25 per cent difference, is in goods and services. The 12.1 per cent increase applies to the whole of the budget and the salary and wage component is in the 11 per cent range. In fact, the increase in the percentage of the budget for goods and services is greater than 12.1 per cent.

We believe it is sufficient, with good management, to meet the pressures there. That is not to say that some hospitals are not projecting deficits for the end of the fiscal year. I have said to them repeatedly that I cannot guarantee I can get them the money, and no hospital should ever start out with a budget that projects a deficit and assume that it is going to be covered.

**Mr. McClellan:** Do you know what the deficit projection looks like? I think I had asked this as a written question earlier.

**Hon. Mr. Timbrell:** No. I have not got an overall figure. A number of hospitals are operating within the net ministry liability. Others, and the teaching hospitals, in costs mainly related to life support programs, are projecting in some cases quite a large deficit. I already indicated, over and above even what I talked about in that speech, that included in the supplementary estimates is money which is looking at life support in the last year rolled over into this year. Also, we are discussing with cabinet the part II budgets of the hospitals, and our intentions would address growth problems, particularly life support, cardiovascular surgery, hyperalimentation, pacemaker implants, dialysis, and these kinds of things.

That is not to say that every hospital is going to get everything it asks for because the function of the system seems to be that no matter what point you reach in the funding—and every other province is trying to cope with this problem—in the system, there are always going to be demands for and ideas for more and more. It does not matter which party is in power and which provinces; that happens all the time.

Mr. Van Horne quoted a doctor friend, as he called him—I think I know who it is because it sounded like a familiar quote from a doctor I know in London too—saying that the fat is out of the system. Most people would agree that in

the last few years we have been able to trim out of the system a number of excesses, whether in administration or duplicate programs or whatever. I would not agree that it is all out of the system. There is still potential in a number of communities, through rationalization of services, to free up money which could be used for other things.

I have to tell you I am thinking of Metro, in particular, where rationalization has at least been practised in two particular areas, obstetrical services and emergency services. I would be less than honest if I did not tell you that those are two areas my staff and I will be looking at in the year to come, working with the local health council and the hospitals to try to effect some rationalization of services that will free up money for other things.

I will skip over for now the section of Mr. Van Horne's comments relating to psychiatric issues. On pages 11 and 12 he deals briefly with the question of prosthetic devices. We have a proposal before the cabinet at this time. Once that has been finalized, I will be in a position to announce the government's decision on that.

4 p.m.

**Mr. McClellan:** Do you know how long that will be? Frank Drea has already announced it and other things.

**Hon. Mr. Timbrell:** I saw that.

**Mr. McClellan:** It was when he announced the cabinet shuffle at the conclusion of his estimates.

**Hon. Mr. Timbrell:** Where am I going?

**Mr. McClellan:** He did not say, but he did tell us what Andy Watson would do in that. To be serious, is there a time line on this announcement?

**Hon. Mr. Timbrell:** I cannot tell you, except to say we have made a proposal. I have been burned before by trying to put a date on it and I do not want to get burned again.

The next item is on the question of mandatory immunization, particularly relating to measles. This year the Ministry of Education and the Ministry of Health put in place a new system in the schools which requires the reporting of the immunization history of a child on entry into the school system. In this way, and following up through the public health system, we are attempting to draw to the attention of the parents concerned that the immunization history of their children is deficient.

We offer, either through the immunization clinics of the public health system, or by

directing them to their family physicians, to bring the immunization up to date. Once it is up to date, it is maintained through our follow-up systems in the public health units, to keep them up to date.

I recognize a number of people feel that mandatory immunization is better. I cannot say at this point, particularly with respect to measles, which is an issue with its own peculiar characteristics, that we will not at some time in the future come to a mandatory system. My own philosophy is that you start out trying to maximize voluntary co-operation before you start overriding personal choice.

It is of interest that just today a letter arrived in my office from the Christian Science Committee on Publication for Ontario, which deals with this very subject. It commends me and the government for trying to maximize voluntary co-operation. I will read it into the record. It is a short letter.

"Dear Mr. Timbrell:

"This letter to you is in support of your response to Mr. Van Horne and his question in the Legislature advocating a mandatory vaccination program for school children.

"Your statement that it (vaccination) is not compulsory to the best of your knowledge in all of the United States is, of course, quite correct. In support of this, I have enclosed photocopies of statements from my files pertaining to the present law on this in 46 of the 49 states in which vaccination is not compulsory.

"I might add, nor is there any law on this in Europe that makes vaccination mandatory for school entrance. Even at the press conference called at the Sheraton Centre to advocate legislation to make measles vaccination mandatory, the exception, 'unless religious or medical reasons preclude it,' was included by the Canadian Paediatric Society.

"While Christian Scientists would willingly seek medical diagnosis of any condition they suspected as being that of a communicable disorder and would follow the isolation procedures required to protect the community, if affirmed, we appreciate the strong position of this government in support of spiritual values.

"Your statement earlier that legislation was being considered which would propose that, at time of school entry, parents or guardians will be obliged to present on behalf of all children a signed consent form authorizing immunization against measles and rubella and other diseases, or a signed waiver form that exempts children from immunization on medical, religious or

personal grounds, certainly meets with the full support of this office and of the Christian Scientists of Ontario."

**Mr. McClellan:** Just so I understand what they are saying, they would support a mandatory program which gave people the opportunity to waive it.

**Hon. Mr. Timbrell:** That is a model we have looked at, and it is one that we could—

**Mr. McClellan:** Can I just ask one question on this?

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** Is one of the problems the finding of vaccine supply?

**Hon. Mr. Timbrell:** No.

**Mr. Dean:** Mr. Chairman, may I ask a question?

**Mr. Chairman:** Yes.

**Mr. Dean:** Is there any risk, if that sort of model were followed, of people who are not properly immunized becoming a source of contamination for other people who might not have had the compulsory program? How about some of us old geezers who did not get it?

**Hon. Mr. Timbrell:** You have probably got built-in antibodies now to protect you from that. Just thinking back over my time with the portfolio, the two polio outbreaks we have had in the last five years have been among people who, for religious reasons, will not be immunized, and all of the victims of the disease in those outbreaks have been people who would not be immunized.

One of the ways we counteracted that was to send in Salk vaccine which has the effect of spreading beyond the person who is immunized. I cannot give you in detail how it happens, but the vaccine will spread through the adjacent population.

As I said, that is a model we have looked at and that I have talked about before. Depending upon our success, we put the voluntary program forward, as it is at present constituted, as one we could move to. I just do not believe in automatically going to mandatory controls without trying to use education and persuasion to bring the public along.

**Mr. McClellan:** I quite agree that that does seem like a very reasonable way to approach a mandatory program, but there are increasing signs of alarm—I guess that is the only way to put it.

**Hon. Mr. Timbrell:** Polio vaccination is not compulsory, and yet the vast majority—I do not



know the percentage offhand, but it must be in the 90 per cent range—of the population are immunized. If anybody is not immunized against polio, it is their own fault. I do not know that a compulsory system would pick them up anyway.

On the district health councils, Mr. Van Horne raised what has now become a chestnut of an argument, the matter of whether or not the health councils are something behind which the minister and the ministry can hide. If the object of the exercises were to minimize issues and to find ways to see to it that issues were not thoroughly discussed or clarified or arguments well developed, then we would not have the health councils.

In my view, the health councils probably create more work for me and for the ministry in the sense that they focus attention on particular issues in the various communities. Whether it be on acute hospital needs, technology, mental health issues, public health issues or whatever, they provide a focus and a forum which never existed before and could not possibly exist in any other way.

They have served a very useful purpose in better co-ordinating the local health care system. I remember very well going out to dinner one night a few years ago with the chairman of a health council to the west of Metropolitan Toronto. He said that the night before he had attended a very historic event, a meeting of the chairmen of the four hospitals in his particular region, and that it was the first time in history they had ever sat down together. They did not even know one another prior to that. That was not unusual, and that is in only one particular sector.

Try to imagine how little contact there has been over the years between the institutional and the public health sectors. The health councils are serving a very useful purpose in bridging those gaps. Rather than hiding behind them, the health councils are creating more issues and clarifying questions and issues which the minister and the ministry have to deal with.

4:10 p.m.

We have launched an evaluation of the health councils. This evaluation is not intended to tell us whether or not we should have health councils. We believe we should have health councils. We should have local bodies, volunteers examining local health needs within the parameters of provincial policy. We have fully accepted that. We have a responsibility which is surely just as important, or more so, as that of

planning bodies for land-use matters. Nobody challenges that there should be planning boards or land-use committees, or whatever name they go by locally. But for some reason some people are prepared to say there should not be local purpose bodies planning health matters.

**Mr. McClellan:** The concern has always been with the appointments, with the power or the lack of power. There is a kind of a combination there. We have always talked about the need for district health and social service boards. You could transform your district health councils into democratically elected bodies and devolve upon them a measure of responsibility. I think the concern is with the structure and whether or not they are simply operatives of the Minister of Health in a kind of a decentralized administration, or whether they are really reflective of the sense of their own community.

**Hon. Mr. Timbrell:** You may know that on several occasions I have spoken to that point. I have said that in my view they should remain advisory bodies to the minister on policy and, therefore, the minister has the right to choose his advisers.

I have resisted very strongly the usual politicization of ministerial appointments. If you look at a cross-section of the membership of the 25 health councils in this province, you will find people of all political stripes, and I do mean all political stripes. Political affiliation is not a factor in this minister's appointment of members to those health councils.

I do not believe the health councils should get into administration. I do not believe that even in their advisory capacities they should be sticking their noses into the allocation of budgets in the health units or in the hospitals. That is the business of the boards of health and the boards of the hospitals. Going back to that green paper, which was about 1978—it was during the select committee on health costs—

**Mr. McClellan:** I think it was actually earlier.

**Hon. Mr. Timbrell:** Maybe. That is when I first saw it anyway. The position in that paper was that there should be regional boards. As I understand it, in North York, say, there would not be a board of health and a board for each of the various hospitals; there would be a board in North York that would look after all of that.

**Mr. McClellan:** It is a way of trying, over time, to move towards an integration of health and social services at a community level, and it makes provision of health and social services a part of local government in effect. There are

clear accountabilities and responsibilities built into the process so that it is not so remote and centralized. That is what the object of the exercise is.

**Hon. Mr. Timbrell:** Even in Saskatchewan where, as I understand it, all the hospitals belong to municipalities, even there the hospital boards are appointed. If I am not mistaken, they are appointed by the minister in Saskatchewan, rather than being publicly elected.

Dr. Dyer points out quite readily that there are publicly elected officials who do sit on hospital boards, aldermen and, in some cases, school trustees who are appointed as local representatives, but in most cases they are not a majority even when the hospitals are municipally owned, such as Peterborough Civic. About 20 per cent of the membership of the district health councils are local municipal officials—aldermen, mayors and so on.

The next heading in Mr. Van Horne's dissertation had to do with confidentiality. He pointed out that I have asked Dr. Galloway, a past president of the Ontario Hospital Association, to be a one-man advisory group on implementation of the recommendations of the Krever report that relate to my ministry.

Please recognize that not all the recommendations in the Krever report were confined to the Ministry of Health. A number were directed to the Ministry of the Solicitor General and the Ministry of Consumer and Commercial Relations as they pertained to private investigators, police procedures and the like. I have to say that just the process of the royal commission—never mind the report—had a cathartic effect on the whole system in tightening up procedures in the hospitals.

**Mr. McClellan:** Was there not something in the press within the last day or two about another batch of confidential medical records found in the dump? What was that hospital?

**Hon. Mr. Timbrell:** It was not a hospital; it was a doctor. The College of Physicians and Surgeons is investigating that doctor. That leads to a good point. There are literally millions and millions of health and hospital records around. There are 240 hospitals, 14,000 or 15,000 physicians, plus dentists and chiropractors, so the task of keeping secure all health records is a monumental one. That is not to say that it is a task that should be ignored.

As I say, the course of the Krever commission had a very cathartic effect on everybody. In the ministry as well we changed some of our

procedures. I was pleased that a number of the original stories, alleging that things like venereal disease information was being regularly divulged, were found to be completely without any basis in fact. We found that there were, in fact, some ways we could improve on our own security measures within the ministry in terms of the training and the updating of our staff from time to time. The development of the overall government response to the Krever commission has been given to the Minister without Portfolio (Mr. Sterling). We will be contributing the health component of that, based on the advice we get from Dr. Galloway.

I was just noticing that Mr. Van Horne used the example of an investigator who had apparently phoned the St. Catharines General, asking for information and alleging that he or she was at the Toronto General and had a patient there who had been badly injured and had previously been treated at St. Catharines. That sort of thing is just a matter of common sense. It has led to directives to staff in most hospitals that when they get a call like that, they should ask for the name and phone number, hang up, get the information, and call back. If they do not answer Toronto General Hospital, obviously it is a ruse.

Common sense things like that now form more and more part of the operating manuals of hospitals to see to it that the materials are secure. We have also sent directives to all the hospitals requiring them to establish procedures for the safekeeping of records and for their proper destruction when that becomes appropriate.

**Mr. McClellan:** Before you leave that, you have not dealt with the more serious problem raised, namely, the Supreme Court decision of October 21 which appears to give doctors and hospital workers the status of police informers. That is the impression that is being left.

4:20 p.m.

**Hon. Mr. Timbrell:** I will tell you my understanding of it, based on advice from our legal staff. What they sought—they being the police—was a ruling that they, the police, have the right to withhold the names of their informants, and on a majority decision that was upheld by the High Court. In no way, as I understand it, does it give any health professional or any citizen any right to hand out confidential information with impunity.

The sanctions that exist in law about invasion of privacy, the sanctions that exist in profes-



sional bodies, the College of Nurses, the College of Physicians and Surgeons, all still prevail. They have no protection from those sanctions. All that decision did was give the police the right not to disclose the names in court of their informants.

**Mr. McClellan:** Are they violations of the Health Disciplines Act?

**Hon. Mr. Timbrell:** Yes, and that decision in no way nullifies those provisions of the Health Disciplines Act.

**Mr. McClellan:** Thank you. I am glad to know that.

**Hon. Mr. Timbrell:** I will move on to the nursing homes. Mr. Van Horne seemed to be trying to draw a parallel between the nursing homes and the recent reports of problems at the Metro Toronto Greenacres Home for the Aged, suggesting that they had de facto become nursing homes.

I do not know whether you got into this—I am sure you must have—in the Ministry of Community and Social Services estimates. I think what has to be recognized is that in every home for the aged in this province of which I am aware, and particularly the ones I am most familiar with in my own constituency, the age of the average occupant has gone up dramatically in the last decade and the level of disability or illness on entry is significantly greater than it was a decade ago. I think that is due in no small measure to a variety of programs specifically aimed at keeping people out of institutions and in their own homes, or in family homes at least, as long as possible.

As I understand it, the way the funding formula is set up for homes for the aged, as the acuity of needs of the residents change, particularly in municipal homes for the aged, the funding formula is open-ended enough that those changes can be accommodated by changes in staffing and so forth.

**Mr. McClellan:** It is not as flexible as the provisions under your ministry, as I understand it.

**Hon. Mr. Timbrell:** For what?

**Mr. McClellan:** We did have a long discussion of this in the Ministry of Community and Social Services estimates. One of the questions is, why do we not basically have the same provisions operating in both nursing homes and homes for the aged, that is to say, the funding changes automatically according to the need for care? If somebody fills out a form for extended care and meets the criteria, the money then starts flowing

to the facility to provide the extra care. It is not so clear that that happens with the Ministry of Community and Social Services.

**Hon. Mr. Timbrell:** But the criteria that are used and followed by physicians in filling out the extended care certificates are the same.

**Mr. McClellan:** I understand that.

**Hon. Mr. Timbrell:** What is different is that if it is a charitable home for the aged, as I understand it and I was on the board of one for a number of years, the rate they are paid is essentially the same as we pay the nursing homes, but if it is a municipal home for the aged the per diem is much higher. Whatever the reason or reasons are, I do not want to get into today, but there are a number of reasons.

**Mr. McClellan:** It is just automatic, as I understand it.

**Hon. Mr. Timbrell:** No, that is the problem; it is not a blank cheque.

**Mr. McClellan:** There is a ratio or a mix that is established for homes for the aged. There are some in nursing care and some in extended care, and if the population shifts from, say, 50 per cent to 90 per cent extended care, you may have a serious problem flowing funds into that facility. That is my understanding. I may be wrong, but I do not think I am. That is one of the dilemmas that may have led to the problem at Greenacres, although there are obviously all kinds of others.

**Hon. Mr. Timbrell:** I should not get into an area where I am obviously not as current, but the fact is that there is flexibility in those formulae if the responsible agency or administrator takes the initiative to say, "Here is our problem, here is the extent of it and here is what has to be done to correct it." Some people have asked why should Greenacres not be a chronic hospital or why should it not be a nursing home or whatever? I do not think it necessarily needs to become a chronic hospital, given the flexibility that could be there.

**Mr. McClellan:** I think there is a need for some kind of ongoing interministerial rationalization of this stuff because you have better standards in staff-patient ratios under your legislation than Community and Social Services does, as I understand it. We are talking about exactly the same people. It is just the luck of the draw that someone goes to a nursing home or to a home for the aged. They have exactly the same problems. If they are lucky they get—



**Hon. Mr. Timbrell:** I am sure Mr. Drea reported to you that he and I agreed some time ago to establish a working party between staff of the two ministries to try to come up with a plan to rationalize this.

**Mr. McClellan:** Was not the Anderson report in 1975 an interministerial document? All the problems are set out there.

**Hon. Mr. Timbrell:** As I recall, it described problems but it did not prescribe solutions.

**Mr. McClellan:** No, precisely, but it did recommend a series of interministry procedures to try to rationalize the problems that had been identified. That is six years ago. That came out three or four months after I was elected.

We basically have many of the same dilemmas, the same anomalies, of your providing services under your auspices and their providing services under different auspices with different funding arrangements to exactly the same people. It is just the luck of the draw whether you get good service or bad service, whether you end up in Greenacres or someplace else.

**Hon. Mr. Timbrell:** When that report came out it did not prescribe solutions; it described problems. A lot of people assumed that either Health should be taking over the homes for the aged or that Community and Social Services should be taking over the nursing homes and the home care programs and that sort of thing. What we have come to realize is that it is possible for us to—

**Mr. McClellan:** Territorial imperatives rule supreme.

**Hon. Mr. Timbrell:** I do not think it is so much between the ministries as it is seen as a threat to the communities. If you have ever gone to a meeting of the Ontario Association of Homes for the Aged—

**Mr. McClellan:** Sure, the territorial imperatives are not simply in your head office, I understand that.

**Hon. Mr. Timbrell:** At any rate, we acknowledge that it is not necessarily going to result in that kind of a shift between ministries, but rather that we will work out some common formulae.

**Mr. McClellan:** We can come back to that in the main item.

**Hon. Mr. Timbrell:** On the nursing homes, I would hope that some recognition would be made of the fact that in the last number of years we have made some significant improvements

in the nursing home system, first of all, in the regulatory changes which we brought in last year, particularly those dealing with safety measures, but also in upgrading the system.

It is just about four years ago now that I called in all of the inspectors and said I wanted them to go after the homes about which we were receiving the bulk of our complaints. As a result of the persistent efforts of our inspectors, I think we have seen on average over the last four or maybe five years one nursing home a month in this province closed, replaced by new facilities in the main. Either they have sold out or the same owners have rebuilt, but the present stock of nursing homes is quite a bit different from the stock that existed five years ago and certainly that of 10 years ago. There has been a tremendous improvement in the quality of the facilities and I would say of the care.

I hear a lot of people making the allegation that nursing homes will not take the more difficult patients, heavier care patients, if you will. In point of fact, my information is that at the present time about 20 per cent of all of the patients in nursing homes are heavier care patients.

**Mr. McClellan:** Were they when they were admitted? You are talking about admissions still?

4:30 p.m.

**Hon. Mr. Timbrell:** Yes, in the main, because the length of stay in nursing homes is quite a bit shorter than in homes for the aged. In a great many of our more recent awards of nursing home beds, it has been a condition of those awards that they dedicate a certain percentage of their beds to heavier care.

I am thinking of the two most recent ones in Metro at the Etobicoke General Hospital and the Northwestern General Hospital. Of some 230 beds between the two, I think it has been agreed about 100 of those are to be dedicated to heavier care. Again, this recognizes the fact that in our nursing homes as in the homes for aged, as we just said a few minutes ago, the people are coming in at much later stages in their lives and in later stages of disability.

**Mr. Dean:** Do the same criteria apply to the recent awarding of additional beds in the Hamilton-Wentworth area?

**Hon. Mr. Timbrell:** I believe so. I believe that applied to the 100 nursing home beds in the east of Hamilton.

**Mr. Dean:** Is it about 20 per cent or something for the heavier care?

**Hon. Mr. Timbrell:** About 20 per cent.

One of the points Mr. Van Horne touched on, and it is one that has come up before, was to the study which was done by the Hospital Council of Metropolitan Toronto and the University Teaching Hospitals Association of long-term care needs in Metropolitan Toronto. I repeat that while we agree there is a need for additional chronic and extended care beds in Metropolitan Toronto—I will not go through the list again of all the approvals that have been made in recent years—we do not agree that the need is as high as HCMT said. I have said this before in the Legislature—

**Mr. McClellan:** You tried to argue that they were saying something different from what they were saying when it first came out.

**Hon. Mr. Timbrell:** No.

**Mr. McClellan:** You did. Look up what you said. You denied they were saying we needed 2,000 beds in the year that they said so.

**Hon. Mr. Timbrell:** I think where we disagreed was whether they were saying they were needed immediately or over the next five years. In fact, they said up to 1985 and then they projected beyond to 1990. It is our view, and we have communicated this to them, that the methodology they used resulted in a much higher number than is actually required, but that kind of argument leads you nowhere.

**Mr. McClellan:** Well, it leads to a shortfall of beds, I would assume.

**Hon. Mr. Timbrell:** There is probably no point in pursuing it.

**Mr. McClellan:** We will come back to it in the vote, I think. I remember that day very clearly and I am sure you do too.

**Hon. Mr. Timbrell:** I refer you back to the report. Even on the day they took their snapshot census of the system, if you look in their report, they report there were 900 empty active treatment beds in Metropolitan Toronto. It is in the report.

**Mr. McClellan:** Perhaps you could show us your communication to them with respect to their methodology. Is that something that you could provide?

**Hon. Mr. Timbrell:** I do not even know if it is in writing. There has been discussion between the staff, and once we get into that vote, some of the people who were involved in that discussion could certainly elaborate on that. The fact is we

have added a number of beds and approved additional beds for Metro. I would hope, depending on budget allocations, I will be able to provide more in each of the next few years to keep ahead or on top of demand, but I do not think we are ever going to agree on what the actual numbers needed are going to be.

**Mr. McClellan:** I do not know what the numbers are either and I am not qualified to judge. All I know is what the hospital council has said. You are disputing that now.

**Hon. Mr. Timbrell:** Not just now, I have disputed that from the beginning.

**Mr. McClellan:** I understand that. I know from my own experience, having recently placed two members of my own family, that it takes a long time. It takes six to seven months.

You have conceded that people are going into facilities at a much greater age than they used to. What is happening to an increasing extent is that people are able to stay in their own homes independently into their 80s, and then a series of crises develop. All of a sudden they cannot cope in a number of ways. It happens very quickly; there is not a gradual onset. Again, this is anecdotal, based on my own experience and the experiences of my constituents. All of a sudden they simply cannot cope any more and they are at risk. The fact that it takes six, seven, or eight months to get placements constitutes a serious problem, as well as a pretty hairy experience for relatives to go through.

**Hon. Mr. Timbrell:** As I say, I do not for a moment deny there is a need for additional facilities. Again, without going through the list, we have approved quite a number of them, and I would hope that we would be in a position to approve more. It would certainly be my intention next year and in succeeding years. By the end of 1982, it is the intention to have the chronic home care program in place across the province, including Metropolitan Toronto. We believe that will take off a significant amount of pressure. I would remind you of what I said very early in my remarks, that our spending on home care is probably the fastest growing area of the budget. It is about a 250 per cent increase in the last five years.

**Mr. McClellan:** I agree that we have made some really significant progress in that area. I do not dispute that at all.

**Hon. Mr. Timbrell:** Looking at the last few words of Mr. Van Horne's statement, the last paragraph suggested that perhaps in recent months I have been offering more threats than

solutions. In the course of these remarks he is doing his job as an opposition critic in that he is highlighting problems as he sees them, but it is unfortunate he is suggesting that no solutions have been offered.

I had a list of items for which I hoped that maybe he would acknowledge some solutions have been offered. There was an announcement earlier this year of the perinatal units and the upgrading of obstetrical services in the province. There are the various improvements we have made in ambulance services, air ambulance services in northern Ontario, the communications network, and the fact that we reorganized the ministry emergency services. We brought in Dr. Psutka, who is with us again today to take us into the next era of emergency services, the advanced life support personnel.

There might have been some acknowledgment in here of the fact that 1,000 new nursing home beds have been approved in the last two years. There is no mention in here—and I would have thought there should have been in a completely balanced set of comments—about the development of the new Health Protection Act and the additional money which has been flowed into the public health system in recent years. There is the expansion of the home care programs.

**Mr. McClellan:** That is your job, not our job.

**Hon. Mr. Timbrell:** I am just telling you that the note he ended on suggested there were no solutions, that there was nothing to point to to indicate progress. This is by no means a complete list; there are a number of things just in the last year. He might have pointed to the small hospitals policy of the ministry which was—

**Mr. McClellan:** Forced on you by this committee.

**Hon. Mr. Timbrell:** No. The small hospitals policy was one which was developed in concert between the ministry and the hospital association through the committee on hospital—

**Mr. McClellan:** I remember it very well.

**Hon. Mr. Timbrell:** You are one of the few who does. That policy effectively says to the small hospitals of this province, those below 100 beds, that their role in health care is secure, that they need not feel they are somehow endangered. He might have said something about our high-technology policies with respect to CAT scanners, which are the most advanced in the whole of the country.

There were a number of things, at any rate,

that he might have brought into it, but he did not.

**Mr. McClellan:** If you had hired him as a speech writer he would have said all those things. Unfortunately, we will never know, because he has left.

**Hon. Mr. Timbrell:** Do you want me to start responding to your comments?

4:40 p.m.

**Mr. McClellan:** Sure.

**Mr. Kolyn:** Sure.

**Mr. McClellan:** Is anybody staying?

**Mr. Kolyn:** I am staying.

**Mr. McClellan:** I do not mind sitting without a quorum, but this is getting pretty silly. There are only, for the record, two members of the committee still sitting, myself and the member for Lakeshore.

**Mr. Chairman:** Three, counting the chairman.

**Mr. Kolyn:** That is all we need.

**Mr. McClellan:** I would not mind if you would deal with the item I raised in my first point, which has to do with the beds and the bed cuts, if you were planning to deal with that.

**Mr. Chairman:** Yes. All I wanted to say is the number of committee members present will not affect in any way the nature of the response, I am sure.

**Hon. Mr. Timbrell:** First of all, before I do that, I want to say briefly that I appreciate the fact that in your remarks you acknowledged that the increases in health care spending have roughly equated the increases in the consumer price index. Very often the comments made in the media and in the Legislature refer to cutbacks, as if to say there is less being spent than there was a year ago, which is certainly the way a lot of members of the public think.

**Mr. McClellan:** By the end of fiscal 1982, we will be in a deficit position again.

**Hon. Mr. Timbrell:** I do not think anybody has ever said that the CPI is the appropriate standard for any particular program. But relative to CPI, relative to certainly any other area of government spending, with the possible exception of the public debt, health spending has kept pace, or exceeded the pace, of other areas of government spending.

**Mr. McClellan:** Is this going to be complicated?

**Hon. Mr. Timbrell:** No. Where a lot of the confusion has arisen is that in the calculations



you have made, or your research assistant or whoever made them, you have used or intermingled rated beds and approved beds. I will explain the difference. A hospital may have been built to a size where it could accommodate, we will say, 100 beds, and that will be its rated capacity. But its approved beds might only be 90 or 95 or whatever. It is a term that we have not used since 1976 or thereabouts.

**Mr. McClellan:** Which term have you not used? Rated beds?

**Hon. Mr. Timbrell:** We have not used rated. For example, just looking at December 31, 1976, the figures you used came to a total of 91,393.

**Mr. McClellan:** That is right, from your annual report.

**Hon. Mr. Timbrell:** Those are the rated beds; that is true. I do not deny that figure came from the annual report because that was the terminology system we used at the time. The approved beds at December 31, 1976, were 88,526, which is roughly a 2,800-bed difference. In other words, there was capacity in the system to accommodate more beds than were approved to be staffed and utilized at that time.

Coming up to March 31, 1981, your figures show 89,750.

**Mr. McClellan:** Your figures show it.

**Hon. Mr. Timbrell:** Just a minute.

**Mr. McClellan:** These are from Hansard, Ministry of Health, July 3, 1981, tabled in the Legislature.

**Hon. Mr. Timbrell:** All right.

**Mr. McClellan:** None of these are my figures.

**Hon. Mr. Timbrell:** No, but the point is there have been a number of questions and, admittedly, different members of staff have prepared the answers. In some of the comparisons you have made, with respect, you have mixed rated and approved. You have taken the figures from the annual report and we have tried, for the sake of consistency, to use approved across the piece, not rated beds, because our system, since 1976, is now entirely approved. When we report figures, we report approved.

**Mr. McClellan:** When did you start? So that I understand this, when did you switch in your annual reports from reporting rated beds to reporting approved beds?

**Hon. Mr. Timbrell:** Dr. Dyer tells me we had both numbers in 1976. Were they both in the report?

**Dr. Dyer:** No.

**Hon. Mr. Timbrell:** Which annual report would first have used approved? Was it 1977?

**Dr. Dyer:** Yes, 1977.

**Mr. McClellan:** My figure for 1977, taken from your annual report, of 93,268 beds—

**Hon. Mr. Timbrell:** Is high.

**Mr. McClellan:** —is approved beds?

**Hon. Mr. Timbrell:** Just a minute now. Those have got to be rated. The 91,393 for December 31, 1976, are rated. I do not have it individually here, so I will jump ahead to March 31, 1981. You show 89,750 but we have 89,925. The reason for that difference is that there was a 175-bed reduction in the homes for the aged after March 31. That was with the conversion, which was not reflected in the numbers you showed for the homes for the aged, which would not be from our reports. Our figures for March 31, 1981, correspond to yours for acute beds, chronic care beds and nursing home beds—the numbers that we would report.

**Mr. McClellan:** Right.

**Hon. Mr. Timbrell:** That must have come from the Ministry of Community and Social Services annual report. I do not know where you got 12,943 for homes for the aged.

**Mr. McClellan:** The 12,943 figure comes from V. McTague, Ministry of Community and Social Services, September 15, 1981.

**Hon. Mr. Timbrell:** We show a different number for this. Dr. Dyer told me it was the Providence Villa shift in the beds. So we show 89,925. For your edification, at August 31, 1981, we show a total of 90,182. There has been a net change since March 31 of 41 more acute beds, 404 more chronic, 29 more nursing home beds that have come on stream, and 217 fewer in homes for the aged. That again reflects the shift at Providence Villa. That 90,182 does not include about 770 of the 1,000 nursing home beds which have been approved. In other words, there are 770 more beds which have been approved. They are in various stages of planning or construction.

**Mr. McClellan:** I hope we are not counting beds which are not set up.

**Hon. Mr. Timbrell:** No, but I just offer that as an observation that there are other beds which are approved and under construction or at various planning stages that are not in there.

**Mr. McClellan:** All right.

**Hon. Mr. Timbrell:** Do you want to go back further to December 1, 1974, or 1975?

**Mr. McClellan:** I do not particularly want to go back that far. As I said yesterday, you can go back as far as you want, and if you went back far enough, you could find your 6,800 beds.

**Hon. Mr. Timbrell:** Where the problem has developed is in the fact that earlier annual reports talked about rated bed capacity, and in the answers which we have been giving and whenever I have used figures, we have talked about approved beds and in operation—approved or operation, let us put it that way.

**Mr. McClellan:** But I still do not understand where the transition takes place. Do you have the little chart?

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** Perhaps you could take that, and using the categories I have, the bed classification and the years, just fill it in for me in terms of approved beds from 1976 right through until today, if you will, and do it also in rated beds, so that I can understand what the picture is. Again, I am not sure what the difference is and I am not sure that I understand what it is you are saying.

5:50 p.m.

**Hon. Mr. Timbrell:** The difference again is that a hospital or a nursing home may be of a size that if all the beds were approved, or licensed in the case of a nursing home, they would operate, for argument's sake, we will say 100, but they are only approved or licensed to operate 90, for whatever reason. Maybe a nursing home operator overbuilt or—

**Mr. McClellan:** So a rated bed is not necessarily a set-up bed, while an approved bed is of necessity a set-up bed. Is that correct?

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** What I would like to have, and I assume you can get it for me, are the classifications that I have used. I just do not want your total number of approved beds. I want to understand how many rated acute care beds we had in each of the years 1976, 1977, 1978, 1979, 1980 and 1981, how many approved acute-care beds we had for each of those years, and the same for the other categories, so that I can understand clearly whether or not there have been bed cutbacks or, as you argue, there have been bed rationalizations that have resulted in a net increase in beds.

I tried to make sense of the figures and I came to the conclusion, in good faith, based on the figures your ministry gave me—and we had to ask a couple of times before we got a version

that you would accept as accurate—that there has been a cut of 5,391 active treatment beds over the last five years. If that is wrong, show me that it is wrong. That is all I am asking at this point. Then we can discuss the implications contained in the figures, once we get the correct figures.

**Hon. Mr. Timbrell:** There is no question that the numbers of approved acute care beds have been reduced even with the new hospitals.

**Mr. McClellan:** There is no point in prolonging this discussion until we get an updated set of statistics because the nut of the question is, has the policy you announced—was it February 1977, February 1978?—

**Hon. Mr. Timbrell:** In 1978.

**Mr. McClellan:** —in which you said you intended to make a fundamental rationalization of beds away from active treatment and towards chronic care and extended care beds actually been carried out, or have we, as I believe, experienced a serious loss of active treatment beds without the chronic care and extended care beds being actually put in place, resulting in the kinds of problems in our hospitals that we have been talking about and reading about in the newspapers? That is the kind of discussion I would hope to have. If we can have the statistical backup, then we can proceed to have the discussion. If you are right, you are right, and if you are wrong, you are wrong.

**Hon. Mr. Timbrell:** We may very well be off by a couple of hundred somewhere, depending on where you want to start and where you want to end.

**Mr. McClellan:** I would suggest the last five years, from April 1, 1976. I forget when you became minister, but I think it was close to that time.

**Hon. Mr. Timbrell:** On February 3, 1977.

**Mr. McClellan:** You can take credit or blame for six months of your predecessor's time.

**Hon. Mr. Timbrell:** We can give you some more figures. Inevitably, what it comes down to is the concern, which I think you share, that no matter how many beds you have or wherever, if you do not have good control on the utilization of those beds, you can add beds until you are blue in the face and you are still going to face problems of backups and waiting periods and so forth.

**Mr. McClellan:** I agree. Nobody disputes your central argument that you need to rationalize the beds. We have never said you do not

have to do that. We did say that if you are going to make a rationalization—and I understand the problem you are in concerning the government's overall financial policy—if you are going to make that kind of a shift, I think it is really dangerous to make the shift the way you did. You should have insisted that the only way you could do it would be to put the new beds in place first. Then when those new beds were set up, you could phase out the active treatment beds.

My sense is, and our sense and our concern over the course of the past four years has been, that you did not have the resources to do it that way and you could not get them from your cabinet colleagues. You were forced to try to stay one step ahead of yourself and use the money saved from closed active treatment beds to put in chronic care and extended care beds. In the process, you caused a lot of problems because it is a dangerous game to play, phasing out one system and phasing in a new system simultaneously without putting in a parallel system alongside.

**Hon. Mr. Timbrell:** I think you will find that in my time as minister they have gone more closely together than perhaps credit has been given. In most areas of the province, the shift has been through conversion. I can think of any number of hospitals where, when we introduced the new bed guidelines—and I remind you that we said to them we would implement them over three years so as to allow for some orderly change in the system—did not talk about closing out active beds before we would look at

anything else. Invariably, we talked about conversion.

In Metropolitan Toronto during that period of time, we were adding beds—the new Queen Elizabeth Hospital on University Avenue, the converted Mount Sinai, the rebuilt Queen Elizabeth, the enlargement of the West Park Hospital, all of those. In point of fact, if you want to go through it hospital by hospital, I am quite prepared to do that. We will take the time and we will sit here for the rest of our estimates. You will find that the adjustment has been more along the lines that you argue should be the case than I think we have been given credit for.

I cannot argue about prior to that. There is no question that in the early and mid-1970s there were some arbitrary cuts. Those have not occurred in the last five years. I can say that without equivocation.

**Mr. McClellan:** I am looking forward to continuing this discussion, but I want to have, and it is not an unreasonable request, the statistical base in order to speak to the issue intelligently.

**Mr. Chairman:** Judging by the impressive numbers of committee members present, it being near to five o'clock, I will entertain a motion to adjourn. Thank you, Mr. McClellan, Mr. Minister and your staff. We will reconvene on Monday at approximately 3:30 p.m. following routine proceedings and then the minister's response to Mr. McClellan will continue.

The committee adjourned at 4:58 p.m.



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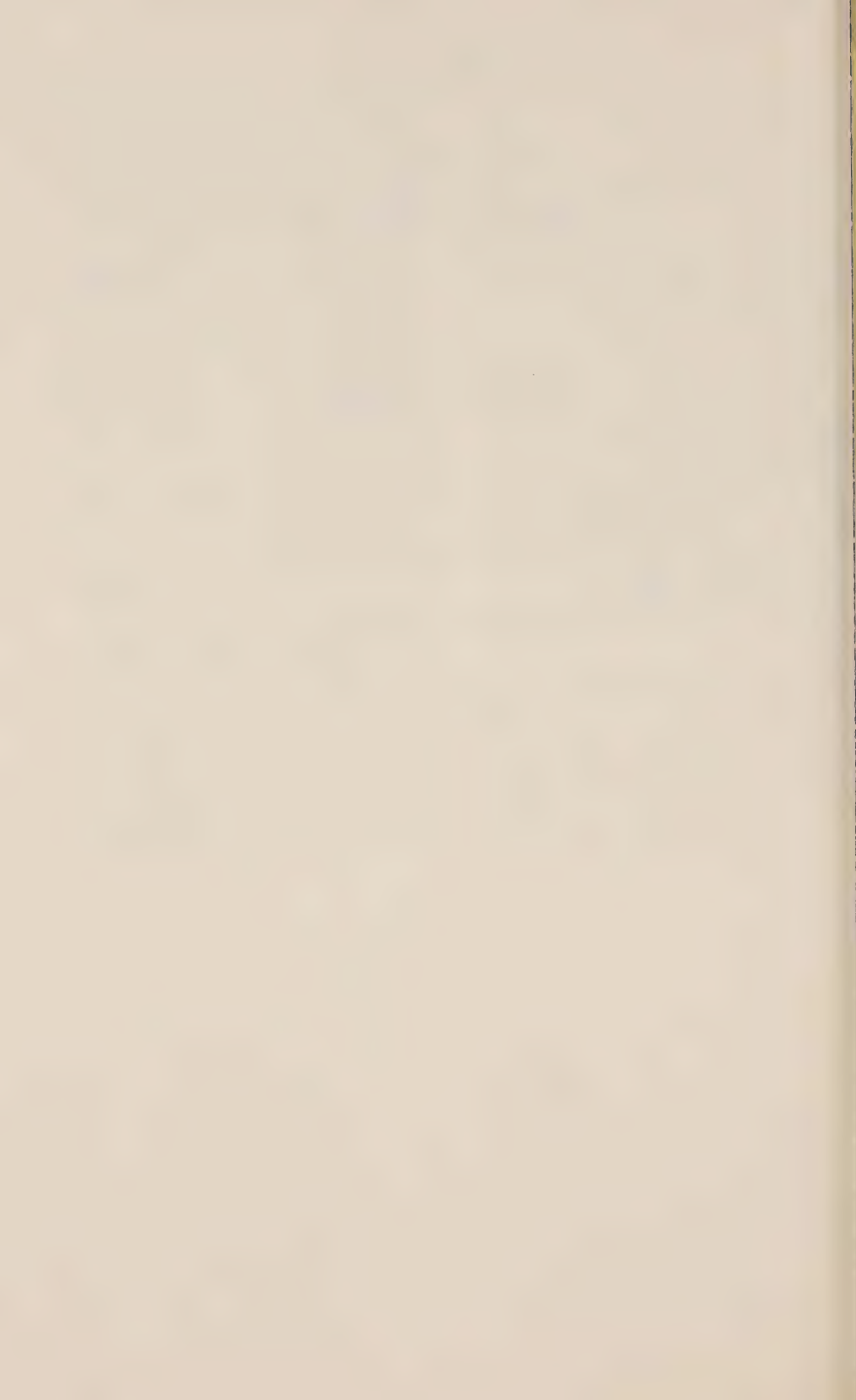
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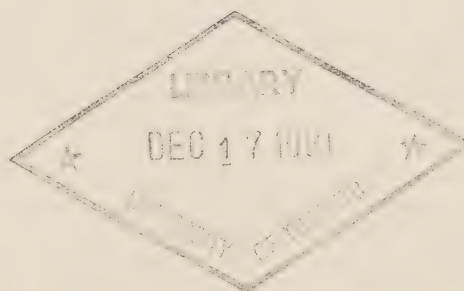
Ontario

No. S-26

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Health



**First Session, Thirty-Second Parliament**  
Monday, November 23, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC



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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Monday, November 23, 1981**

The committee met at 4:28 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF HEALTH (continued)

**Mr. Chairman:** I see a quorum and call the committee to order. When we adjourned I believe Mr. McClellan was questioning the minister. Would you like to continue, Mr. McClellan?

**Mr. McClellan:** When we adjourned the minister was, in fact, continuing his reply to the critics' leadoffs. I think he was about to deal with mental health matters. There may have been other issues that he wanted to cover, but I think he was going to touch today on the concerns with respect to the mental health care system, which both Mr. Van Horne and I raised during our leadoffs.

**Hon. Mr. Timbrell:** I was just going through my written notes from when Mr. McClellan spoke last Tuesday and he mentioned public health spending. I am sure both he and Mr. Van Horne, and for that matter a lot of members, have received copies of correspondence of recent date from some of the municipalities.

We have increased spending in the public health sector marginally more than in the institutional sector over the last couple of years. This includes bringing up from 60 per cent to 75 per cent the funding of some of the rural health units earlier this year—I am thinking of Peterborough county-city health unit, Lambton, Huron and I am sorry I cannot remember all six—and increased the share of the Metro health units from 25 per cent to 33 1/3 per cent a couple of years ago. Our stated intention there as budget permits to move Metro towards the same levels of funding as the other 37 or 38 health units in the province.

But the correspondence to which I refer and which you have probably been receiving recently has to do with the proposed health protection act. If you recall, one of the fundamental and most important parts of the proposed act is the provision pertaining to core programs.

Some of the municipalities have, understand-

ably, been saying: "Hold on. Does that not mean more money being spent on public health?" We did not start out the process by saying more money should be spent on public health, but rather that public health services needed to be addressed in such a way as to ensure that in key areas public health services are of an acceptable minimum level of service across the province.

Right now the range of per capita spending on public health is quite wide, the city of Toronto being by far the most generous in its spending on public health. Some other units—and not just rural units as you might suspect, but some urban units as well—have been, by comparison, rather more niggardly in their spending on public affairs.

There will be an increase in spending on public health as a result of the health protection act, there is no question about that. But at the same time, we have indicated to the municipalities—and I hope you will bear this in mind when you are dealing with representations you are bound to get on the subject—that we will pay our share of any increases, which would be 75 per cent of the costs. Secondly, we have stated that the implementation of the core programs would be phased in over five years so as to cushion the impact on the municipalities over those years.

The next point you raised had to do with our continuing debate on bed numbers. You wanted us to compare it back using your figures, but that chart has not been completed yet. As soon as it is ready—if not today, certainly by tomorrow—I will read it into the record and discuss it.

**Mr. McClellan:** Perhaps you could distribute it.

**Hon. Mr. Timbrell:** Yes.

I had a note here about Thunder Bay. Did you raise something specific?

**Mr. McClellan:** That was the problem that Jack Stokes brought to your attention concerning a document from Nipigon. Do you know what I am talking about?

**Hon. Mr. Timbrell:** I think so.

**Mr. McClellan:** The problem, in a nutshell, was that it seemed impossible to get relatively serious cases admitted to hospital in Thunder Bay on referral. The doctors were sending people to the emergency department, as though they had never been to a specialist, in order to have the urgent situations treated.

4:30 p.m.

**Hon. Mr. Timbrell:** Yes. Let me put a couple of things on the record. About two and a half years ago I went up to Nipigon to meet with representatives of the North Shore hospitals.

**Mr. McClellan:** I remember that.

**Hon. Mr. Timbrell:** As a result of that meeting a number of things happened. First of all, the resultant review of their programs and their problems was a major factor in the development of the small hospitals policy, which I announced in September of that year to a small hospitals conference.

**Mr. McClellan:** I believe that was the day before, or the very day we started hearings into the problems.

**Hon. Mr. Timbrell:** That may be, but the meetings were scheduled afterwards. I went up at the request of the local member, Mr. Stokes.

**Mr. McClellan:** Right. The two events were contiguous.

**Hon. Mr. Timbrell:** Yes, that was a coincidence.

**Mr. McClellan:** It was fortuitous.

**Hon. Mr. Timbrell:** It may have also been fortuitous, but it started out being— Anyway, first of all, it was a major factor in the development of the small hospitals policy.

Secondly, as a result of the review which they proposed and which I agreed to fund, there have been significant improvements in the provision of laboratory services, X-ray services and the like. Related to the small hospitals policy, any apprehension that any of those hospitals had about their viability should be gone. Indeed, since then they have also opened a completely new hospital in Schreiber, the McCausland Hospital.

On top of that, there is the fact that in northern Ontario our planning guidelines for hospital services for acute care beds are considerably higher than they are in southern Ontario. In southern Ontario our planning guideline is 3.5 acute care beds per 1,000 referral population, whereas in northern Ontario we have retained a planning guideline of four acute care beds per 1,000 referral population.

Taking Thunder Bay for comparison purposes, if you were to compare it to one of similar size in the southern jurisdiction—perhaps London or Kingston—for the same referral population and the same case mix, Thunder Bay has an approved bed allocation about 14 or 15 per cent higher than its southern counterpart. For argument's sake, if the approved allocation in southern Ontario were 500, in the case of Thunder Bay it would be closer to 600, say 570 to 580.

**Mr. McClellan:** These are active treatment beds you are talking about.

**Hon. Mr. Timbrell:** Yes. I might just remind you that for chronic and extended care, the planning guidelines which up until 1978 were the maximum levels, at that point became the minimum levels and, depending upon assessments of need for additional chronic or extended care beds, can be exceeded. In fact, in recent years we have added two chronic units in Thunder Bay. One was a psychogeriatric unit at Lakehead Psychiatric Hospital. The other was a 25-bed chronic unit at McKellar General Hospital—although I do not believe the latter has opened yet; it ran into some construction or planning problems.

**Mr. McClellan:** Is this the 30-bed chronic care unit at McKellar hospital you are talking about?

**Hon. Mr. Timbrell:** I think it is 25 beds. There were two 25-bed units, one at Lakehead and one at McKellar. Also, there was the opening, a few years ago, of St. Joseph's Heritage, with additional nursing home beds there.

There is also the fact, although I do not think it is yet under way in Thunder Bay, that we have been pushing the notion of placement co-ordinating services in every centre, but particularly in the larger centres like Thunder Bay, which is admittedly a referral centre, something we are promoting.

**Mr. McClellan:** That is not in place yet in Thunder Bay, is it?

**Hon. Mr. Timbrell:** No, not yet. In the meantime, in order to be sure that patients are being properly placed in the system, until that is in place and has the full co-operation of the participating hospitals, nursing homes, homes for the aged, and so forth, the existing admission and discharge officers of the hospitals have been given the authority and the co-operation of their medical staff.

As you know, there have been a series of



problems. I think a question arose about an incident at the McKellar General Hospital—was it not McKellar?

**Mr. McClellan:** I do not believe the correspondence I have identifies any particular hospital.

**Hon. Mr. Timbrell:** I think it was McKellar, if not from the correspondence then from something that the member for Lake Nipigon (Mr. Stokes) said. There have been a few problems there—turnover in administrators, directors of nursing and that sort of thing—which, I am told, since the board brought in an interim administrator in the spring and since an inspector went in in June, are well on their way to resolution.

There is no easy answer to the member's question. There is no question that some doctors, not just in Thunder Bay but in other parts of the province, try to short circuit the orderly admission and discharge policies of their hospitals by using the emergency department and that is difficult for us to police. That is something where we really do have to have the co-operation of the medical staff to—

**Mr. McClellan:** That is surely not the problem. To identify the rather desperate solution to a problem that a number of doctors have adopted in Thunder Bay is to misstate the nature of the problem, surely.

The problem I am complaining about is not that people are short circuiting the admission procedure. The problem I was trying to identify is that there seem to be serious delays in the admission procedure that are resulting in denial of treatment in urgent situations. The solution of the doctor from Nipigon was in the interests of his patient, to try to get people into emergency so the situation would not deteriorate.

**Hon. Mr. Timbrell:** Let me say that from our assessment of Thunder Bay or any other centre the bed allocation is more than fair. It takes into account not just the population in the immediate Thunder Bay area, whom we expect to be using those hospitals very heavily, but it also takes into account the proportion of the population from other communities around the north who are referred there. As you know, that is part of the referral population formula. So we think the bed allocation is more than fair.

We have responded to recommendations for additional chronic beds and extended care beds. Once the beds are there and in place, if there is to be an orderly flow of people in and out of them, we really are in the hands of those

who are in charge of admission and discharge, whether it is a committee of the house physicians or whether it is one person on staff who is designated as the admission and discharge officer, which is often the case in the larger hospitals, and who has to do the liaison between the physicians, the families, the social workers and so forth.

However it is done, the fact has to be stated that no matter how many beds are part of the system, if effective admission and discharge policies are not in place, they will back up and you will run into these kinds of problems.

There is no easy solution to it except to say that things like our proposals for placement co-ordinating services, with teeth, are intended to ensure that the people who are institutionalized need to be there. I hate to say it, but we continue to see in some hospitals this weekend syndrome, people admitted on Friday afternoon for whom nothing is done until Monday afternoon, which is tying up beds that could be put to better use, in my view, and similar kinds of problems.

Related to the bed formulae, I wanted to remind you that when in 1978 I announced the revision of the acute care bed guideline to 3.5 per thousand, first of all, as I told you a few minutes ago, we announced the guidelines for chronic and extended care which from that point on became the minimum guidelines and to which additions would be contemplated on assessment and recommendation and there have been a number. We will go over that tomorrow when we get the chart here.

Secondly, the implementation of this was intended to be over three years, so the implementation would be gradual and not an abrupt change to the system. I think when we get to the figures tomorrow you will see that, in fact, the shift has been more orderly than perhaps is your impression, or that of some others.

4:40 p.m.

**Mr. McClellan:** As I say, I look forward to getting the data.

**Hon. Mr. Timbrell:** At no point in those three years, from any of the figures I have seen, has there been an overall reduction of beds in the system. Along with the bed shifts—in some cases conversions, in others additions—there has also been the orderly introduction of the chronic home program.

**Mr. McClellan:** I hope you are going to stay with the five-year set of figures, are you? You said three years.

**Hon. Mr. Timbrell:** I am referring back to the 1978 announcement of the change in the guidelines. I am just talking about the change in the guidelines.

**Mr. McClellan:** Okay. I hope when we get—

**Hon. Mr. Timbrell:** Oh yes, we go back further than that. The stated intention at the time was that in order to be sure there would not be abrupt changes to the system, we would change those guidelines over three years so as to allow for that.

I hope I have covered the points you raised on extra-billing at the time I was responding to the points Mr. Van Horne had raised.

**Mr. McClellan:** One thing you did not cover, Dennis, was whether or not you would accept Alan Wolfson's analysis of the effects of that extra-billing as creating a two-class delivery system when extra-billing was combined with the patient screening process you set up in—

**Hon. Mr. Timbrell:** No, I do not.

**Mr. McClellan:** You do not accept that?

**Hon. Mr. Timbrell:** No.

**Mr. McClellan:** Do you have some studies which you could present to us which would refute the conclusions Alan Wolfson came to?

**Hon. Mr. Timbrell:** I think some of the comments that were contained in the Breau report, as well as some of the evidence they heard and some of the evidence Hall heard, refutes that.

Also, I would have to say that nothing in our ongoing relationship with the hospitals, which is where he suggested the second tier is being dumped, would seem to support his allegation. The fact that a variety of changes have been occurring over the last few years in modes of practice, including greater emphasis on the clinics in the hospitals, has been brought on by a number of factors and I would not call the use of them the development of a second tier.

One could argue, perhaps, that the emphasis we have put—and you would like to see us put on more—on things like the HSOs is creating another tier. I like to think of it as another alternative, not another tier of health care.

**Mr. McClellan:** True. But the distinction that Wolfson claims on the basis of his study was that there is a class distinction; wealthy people are being seen in the office and less wealthy people are being seen in the hospital. No one has ever argued that there is a class distinction between mainstream health delivery and the HSOs. But

Wolfson has made the point and it seems to me incumbent on you to study that very carefully yourselves, contract a study of the question and try to determine whether that is happening or not. You seem to be simply dismissing it because you do not agree with it.

**Hon. Mr. Timbrell:** If I remember correctly, the study we released about four years ago that compared fee for service to salaried physicians and the services provided in four clinics in Oshawa, Brantford, St. Catharines and Sault Ste. Marie also touched on that question. I am stretching my memory now, but I cannot recall that they could find any appreciable difference in the way people were treated, whether they were treated on fee for service or by salaried physicians, that could touch on some aspects of that concern. Perhaps we can get into that more in the OHIP vote.

You did touch on the premium question. I just wanted to remind you it was stated in the most recent budget in the spring of this year that the Treasury is examining a significant departure from the established policy; namely, whether or not a payroll tax would be an appropriate—did you notice that in the budget?

**Mr. McClellan:** Yes, I did.

That conflicts with previous Treasury statements to the effect that they were seriously examining a tax credit, so I am not sure whether the tax credit idea has been completely abandoned, or whether some combination of payroll tax and tax credit is what is being contemplated.

**Hon. Mr. Timbrell:** You may want to raise that in the House with the Treasurer (Mr. F. S. Miller).

**Mr. McClellan:** I did and he was basically quite contemptuous of the notion of tax credits, despite the fact that I was taking it from the 1978 budget paper.

I am not trying to be cute or rhetorical, I simply do not understand what the present policy is with respect to the kinds of problems I think I identified again in the premium assistance program.

**Hon. Mr. Timbrell:** I can only tell you my understanding is that at this point the alternative to which they are giving the most attention and thought is something akin to the Quebec system of a payroll tax; they are examining the pros and cons of that.

**Mr. McClellan:** Again, we can come back to that because I would be interested in what the ministry's input into that process is and what

your own policy preferences are. You must be concerned about the low rate of takeup of partial premium assistance.

**Hon. Mr. Timbrell:** That is one of the problems they are aware of—at least it is one of the statistics they are aware of, although I would have to remind you that the current numbers of people in receipt of premium assistance of all kinds is in excess of two million of the 8.5 million population of the province, the bulk of those being total premium assistance, 100 per cent.

In your comments about physicians' incomes, I must admit I was not quite sure of the point you were trying to make. I thought I recalled you saying in some of your arguments about what you refer to from time to time as one-price medicine, that the physicians should be properly compensated, and if they were, there would not be what you perceive to be this opt-out problem.

**Mr. McClellan:** I did not try to oversimplify it because I concede it is a very complicated subject. The second point I was trying to make is that you cannot talk about cost containment unless you are prepared to confront fee for service and utilization.

I suggested two ways of doing it, one with respect to one-price medicine and the second with respect to a major expansion of HSOs, which would have the option of remunerating doctors on a fee for service basis. We can talk some more about that, but I hope I did not leave the impression that I thought it was a simple problem that could be solved easily because it is not.

**Hon. Mr. Timbrell:** I took from your remarks the impression that you thought the post-expense, pre-tax net income of physicians, which is implicit in the most recent settlement with the OMA on the OHIP schedule, was resulting in too-high incomes. I do not know whether that is what you intended or not, but that is the way I took it.

I wrote myself a note at that point to interject that the most recent settlement in Saskatchewan results in even higher net incomes now, admittedly for a different period of time. If I remember the figures correctly, it seems to me it is in excess of \$100,000 average net income after expenses and before taxes in the most recent settlement announced by Herman Rolfe about two or three weeks ago.

**Mr. McClellan:** It is not a problem that is limited to Ontario.

**Hon. Mr. Timbrell:** No. I have been noticing in some of the press clippings I got last week that the president of the British Columbia Medical Association has now indicated that having already achieved the richest fee schedule in the country—although not necessarily the highest incomes because their utilization is lower in BC—their next goal is to get parity with the United States. Of course, depending on which part of the United States, that could be a very significant increase they are after because the fees in some parts of the United States are two and three times what they are in Ontario.

4:50 p.m.

It is a complicated matter. I think everyone who has been involved would agree that the present arrangement we have developed under the chairmanship of Professor Weiler is working well. You will recall that during the Anti-Inflation Board period, there was a lot of discontent voiced by the medical profession that the format previously used was somehow too open to arbitrary measures on the part of the government.

I think we have overcome that apprehension by the fact that the chairman, in this case Professor Weiler, is independent of both sides. Secondly, either side can request the chairman to act in the role of fact-finder. Thirdly, the fact-finder's report can at some future point be made public by either side, if it wants to use that as a means of trying to put pressure on the other for being unreasonable. At this point, I have to say I have not seen a better system developed anywhere else.

Considering the confrontations that developed over the last year in a number of other jurisdictions, even in those where the settlements were higher than what we got in Ontario, and contrasting that to the way the fee schedule was resolved here and with the fact that since that there has been a decline in extra-billing in the province, I think it speaks well for the system that has been put in place. It is the old story of justice not only being done but being seen to be done. I think the way the system is structured is seen to be fair.

**Mr. McClellan:** As far as it goes, I agree with that.

**Hon. Mr. Timbrell:** We are also in negotiations for the next fee schedule.

**Mr. McClellan:** Before we know what the price tag is and before we know the effect on utilization rates.



**Hon. Mr. Timbrell:** That is the next point. You had indicated—perhaps I am paraphrasing you—that in your view fee for service leads to increased utilization.

**Mr. McClellan:** I believe it does and I think the data that I have seen indicates that it does.

**Hon. Mr. Timbrell:** I have to refer back to the only definitive study I can think of that looked at that question, which was the one I referred to earlier that was released in August 1977. That compared four clinics, two of which were fee for service, the other two being health service organizations, double budgets. My recollection is they could find no evidence overall of any increase or decrease of utilization.

Where there is a decrease of utilization is in hospitalization in places like the Sault. That is not to say that with the introduction of further incentives that could not be done to other systems. In the United States, for instance, which is in the main fee for service, their rates of hospitalization are half of what they are here. I think it behooves us to find more ways to reduce utilization through alternatives like the home care program.

**Mr. McClellan:** That is because they do not have an insurance program.

**Hon. Mr. Timbrell:** Yes, they do. Better than 80 per cent of the population in the United States have third party insurance, or Medicare or Medicaid. A much bigger proportion of the population have coverage there than is generally conceded. But they do not have programs like home care and that sort of thing which we are trying to use as vehicles, along with containment policies on beds, to channel utilization in other ways.

**Mr. McClellan:** Could I get a copy of that study if there is one kicking around? It is not something I have seen.

**Hon. Mr. Timbrell:** It is over four years old. We will see if we can get you a copy.

On the subject of HSOs, you will know that in my view the HSO program has suffered a setback in the way that the public accounts committee dealt with some concerns at one of the HSOs. In fact, that particular HSO in St. Marys has quit the program and gone to fee for service. Worse than that, the remaining HSOs, and you may have heard from some of them, are feeling very much as though they are under attack by the public accounts committee.

Two or three or four other potential HSOs, with which discussions were under way in the London area have since backed off and said,

“Why do we need to subject ourselves to that kind of abuse in the media and by politicians when we can continue to deal with our patients on fee for service without going through that?” They just said, “Thank you very much, goodbye.” I suspect we have lost them, if not forever, certainly for a long time.

We do not force a health service organization on a community. It has always been our policy that there has to be a sponsor coming forward from the community. It might be the community itself, as in the case of the Sault clinic, where it was the United Steelworkers who 20 years ago with some other members of the community came forward with the idea of a clinic, or it could be the medical community, which was the case with St. Marys, or any combination.

I think the honourable member stated that we are not prepared to move in a “serious way” to expand these HSOs. We are prepared to expand the HSO program where the local initiative is taken and people are prepared to sponsor.

**Mr. Van Horne:** Could I ask a supplementary question? Maybe Mr. McClellan asked it earlier, and if he did, I will get the answer through Hansard.

The problem may be that the people involved do not like and do not feel they merit criticism, but it is a system that lends itself to criticism if there is not a way of monitoring what is going on. Maybe what Mr. McClellan was getting at in his point was that unless you show some plan or design for monitoring to assist these people, and in a sense help take the heat off them, they are not going to be encouraged to go into it. So the question would logically be, have you got a monitoring system in place to accommodate them?

**Hon. Mr. Timbrell:** Yes. I do not see the people that are involved here at present, so I would rather not go into the detail. I would like to let people like Dr. Suttie, the assistant deputy minister, and Ray Berry, the responsible program director, go into that when we get to that vote item.

The HSO program grew out of a number of experimental projects initiated in the early 1970s in different parts of the ministry. I have to be fair to them and point out that about five years ago Dr. Suttie and Ray Berry were handed the job of taking a variety of projects that started under quite different criteria and in different parts of the ministry and making some sense of this hotch-potch.

That has not been easy. When you start

talking, as they have been doing, about developing policies with respect to population rosters, capitation negation and these sorts of things, which are all part and parcel of the formula, that in itself was seen as a threat by some of the HSOs. I am sure you have met with some of them in Toronto, such as the Lakeshore area multiservices project, York community services, Lawrence Heights, and so forth. Because of the fact that we were trying to rationalize a number of disparate formulae into something coherent and workable so that we could expand in the future, they took that as a threat.

At present a number of them, and I cannot recall the number off the top of my head, are on the capitation negation formula and are functioning. There are a number which, at this point, are not viable as HSOs, and we do not even refer to them as HSOs any more. They are health clinics that we are funding on local budgets. Out of what can only charitably be called some chaos about five or six years ago, these people have worked hard to bring order.

When I say chaos I do not say that to be uncharitable to the people who started them, because, back in the early 1970s to about 1973, there was not much known, not only in Ontario but throughout Canada, about HSOs and what was an appropriate vehicle to introduce the concept into the province. I am not criticizing the different experiments which were started on different bases. I think we had learned enough by the mid-1970s to be able to give these men the assignment to rationalize it, and that has been done.

**Mr. Van Horne:** Out of curiosity, was Victoria Hospital family clinic on the east side of London considered to be one of the experimental units, do you recall?

5 p.m.

**Hon. Mr. Timbrell:** I think so. That has always been a fee-for-service facility, has it not?

**Mr. Van Horne:** I am not sure.

**Mr. McClellan:** Perhaps later in the vote we could have the officials join us. We could then have some discussion of the present formula and maybe even some alternatives.

**Hon. Mr. Timbrell:** Yes.

**Mr. Kolyn:** May I have a supplementary on HSOs while we are on the subject? I have had a number of representations on HSOs from the Lakeshore area multiservices project in our particular area, which we have found to be very successful, Mr. Minister.

The phone calls I have received on HSOs, and

especially the ones from our particular area, express concern that when the estimates come up in January, you might be thinking of shifting to another direction again. They also informed me that they did not really agree with the public accounts committee as to how useful HSOs are. We all know that in certain instances they may not be especially applicable, but in our own area where there are your health services, plus community services and everything else, it all really intertwines quite well.

Dr. Suttie's name has been mentioned, and the information I am getting is that they have always found him to be firm but fair. They are hopeful that there will not be a kind of witchhunt—that is the word they used—in connection with this particular program.

**Hon. Mr. Timbrell:** To be fair, the way the matter was handled at public accounts committee for a while had all the earmarks of a campaign of some kind. I shall say on the record what I have said privately, that in my view without question it has done harm to the program and it is going to take time to undo that harm in order for it to be able to move ahead again.

The last notes I have here concern the psychiatric issue. We may as well get into that. As I started to say in answer to a question from the member for Parkdale (Mr. Ruprecht) the other day in the House, the system has been changing over time from what had been basically a custodial system. If you go down and look at some of the historical material at Queen Street Mental Health Centre, or at some of the historical material which several of the hospitals in the system have—I am reminded of the display set up by Reverend Nixon at the Brockville Psychiatric Hospital a few years ago—you will find that it was basically a custodial system as recently as 25 or 30 years ago.

The member for Bellwoods (Mr. McClellan) quite rightly pointed out that in the 1950s and 1960s there began what turned out to be a revolution due in no small measure to changes in chemotherapy available to practitioners. Starting in the 1960s, in this jurisdiction and others, more attention was directed to getting people out of psychiatric hospitals and either back into the community, supported by chemotherapy, or into some alternatives.

In the early to mid-1960s, the first stages of deinstitutionalization in Ontario were begun by Dr. Dymond. He developed the homes for special care program as an alternative to institu-

tionalization in the provincial psychiatric hospitals which at that time probably numbered 15 or 16. I cannot recall exactly how many there were then; there are 10 now. That program to this date accommodates several thousand people who otherwise would have been in the larger institutions.

We have undertaken a review of that program, as you know. The first part of that review resulted in the changes we announced last year among the Ministries of Community and Social Services, Education, and Health with respect to the mental retardation component of the homes for special care program. The second part of the review, on the psychiatric question, is just about complete. That is examining, along with a lot of other things, the question of program requirements and all the related matters.

**Mr. McClellan:** When will that be ready?

**Hon. Mr. Timbrell:** It should be ready for me to have a look at. I am told, by the end of the year, so I hope by early in 1982 I will be in a position to say something about that part of the review unless the situation is changed. The last time I was advised about it I was told that it would be in this year I would see it.

In addition to the development of the homes for special care program, the ministry started to promote and to approve community psychiatric facilities which previously did not exist. I am told that as recently as 20 years ago it was very rare for a community hospital to have a psychiatric unit and that the provincial psychiatric hospitals really were the be-all and end-all for all aspects of psychiatric care, be it just the need to talk to somebody, for short-term hospitalization or longer term.

At this point we have now developed 60 community psychiatric facilities that are spread across the province in community hospitals which, if I remember correctly, collectively have in excess of or about 2,000 beds. While we have reduced the bed complement of the provincial psychiatric hospital system considerably over the last 20 years—but only marginally, I would point out, in the last five years—we have been increasing the availability of beds on the other side.

In addition, in the last five years, which is the period with which I am most familiar, we have been increasing our activity in the community mental health field and we are now up to about 121, soon to be 125, community mental health projects in the province. I wish I could quote to you off the top of my head the figures for the increased spending in that area. We are at \$9.6

million this year and three years ago I think it was \$3.9 million.

**Mr. McClellan:** Is it possible to get a breakdown of your expenditures on community mental health programs since 1977 by program and then the total for each year?

**Hon. Mr. Timbrell:** I do not know if I could get it for you by program, but I could certainly get it for you by year. George may have them.

**Mr. McClellan:** If you could provide those documents at some point to the committee, we could take a look and make some kind of an assessment.

**Mr. Chairman:** Which figures specifically?

**Hon. Mr. Timbrell:** Community mental health.

One of the other initiatives we have been undertaking as a government is to try to confront the problem of local zoning. The member for Parkdale would be aware that until a couple of years ago, except for the city of Toronto, there was really nothing in Metro, my own municipalities included, East York and North York, that would allow for alternative housing for people who needed some form of supervised alternative to institutionalization. So they ended up with the Parkdale community which was then between two psychiatric facilities. Also, because at that time not as many community health projects had been developed as there are now, it became the area to which people gravitated in order to be near the facilities from which they had, as it were, graduated.

I think it is worthy of note that we have had considerable success in getting other municipalities around the province to develop bylaws that will provide for as-of-right zoning. I think it is over 40 now, I am told, as of last week.

**Mr. McClellan:** Forty?

5:10 p.m.

**Hon. Mr. Timbrell:** Around the province 40 municipalities have passed as-of-right zoning bylaws. I believe that is the correct figure.

**Mr. Ruprecht:** Scarborough?

**Hon. Mr. Timbrell:** Scarborough I am not sure about. I do not have the details of each one.

**Mr. Ruprecht:** No, it is a broad thing because you indicated that you are talking about the Parkdale area and the success of the other municipalities since Bennett signed the bill.

**Hon. Mr. Timbrell:** I am sorry, he has what?

**Mr. Ruprecht:** Claude Bennett finally signed the recommendations. The question I have is



about the municipalities around the city of Toronto when you are talking about the zoning changes. The city of Toronto, as you know, has always had the zoning changes in place where as of right you can have a group home anywhere in the area.

What is the latest on Mayor Lastman and his proposal to stall?

**Hon. Mr. Timbrell:** I understand there is an Ontario Municipal Board hearing scheduled on that. That is the compromise that was reached.

**Mr. Ruprecht:** So in the meantime nothing goes into—

**Hon. Mr. Timbrell:** Nothing is in place; that is right.

**Mr. Ruprecht:** Is anything in place in Etobicoke?

**Hon. Mr. Timbrell:** I do not believe so. I can get somebody here, if you want, to go through who has done what. I cannot say.

**Mr. McClellan:** We raised this in the Community and Social Services estimates. It is a perennial question. I believe 40 is high.

**Hon. Mr. Timbrell:** I could be wrong on that.

**Mr. McClellan:** I would be really pleased if it is 40, but I am sure it is substantially lower than that.

**Mr. Ruprecht:** I would appreciate it if we could get an update on Scarborough, North York and surrounding municipalities.

**Hon. Mr. Timbrell:** When we get to the psych vote I will make sure somebody is here who can tell you, perhaps from the Social Development secretariat. Mrs. Hutcheon is the one who has been in charge. Perhaps we could try to get her here.

I think after this we go into vote by vote.

**Mr. Chairman:** We go into vote by vote. If you want to comment or ask some questions maybe you should do it now, Mr. Ruprecht.

**Hon. Mr. Timbrell:** You raised the question of the use of the cottages at Whitby. I want you to know that before it was decided to use those—and please recognize that it is not intended that the use of those cottages in any way would constitute one of the longer-term answers—we investigated the availability of beds in the Toronto area, beds that could be readily put into service. I have to tell you that even using the good offices of several of the other ministries that were working with us on the interministerial committee we were not successful in finding a facility in Metropolitan Toronto that could quickly be put into service

to accommodate a significant number of people. That is when the staff recommended to me that, for the interim to get us over the winter in cases where those people do need supervised housing, we should utilize those facilities.

I acknowledge, which I think both you and Mr. Ruprecht have argued, that it is not the ideal solution and that it has to be on a short-term basis only. In the next week, I guess, we will be advertising for proposals in Metropolitan Toronto for 120 beds in the intermediate homes for special care program.

**Mr. McClellan:** This is at the \$28.94 per diem?

**Hon. Mr. Timbrell:** Whatever it is, yes. As well, we are still working on further suggestions or ideas for the longer term. At this point I think it has to be said nobody really knows the numbers.

**Mr. McClellan:** I said that.

**Hon. Mr. Timbrell:** Yes. That has been one of the most difficult parts over the last few months in trying to deal with this issue. It is like trying to nail jelly to a wall; nobody really knows. Some people point to a decline of about 10 per cent. There was a report in the press of a forum last week where somebody made the observation that there were 2,200 beds—I think that was the figure that was used—available during the spring time in boarding homes, and by now about 10 per cent of those beds were gone, suggesting, at least in the reporting of that discussion, that all of those were beds for former psychiatric patients which, of course, is not true. They were available to whoever came along and for whatever reason they were needed.

I have seen estimates as low as 100 and I have seen estimates as high as 300 at one point, but nobody really knows. We have taken steps through the establishment of the assessment unit at Queen Street, as well by people whose job it will be to investigate available housing, along with the initiatives we are taking in making beds available at the Whitby cottages, to—

**Mr. McClellan:** Ajax as well? Is that correct?

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** What is the breakdown, just for my information, of beds between the Whitby cottages and Ajax? What is the facility in Ajax? Is it a nursing home or a home for special care?

**Hon. Mr. Timbrell:** Ballycliffe Lodge.

**Mr. McClellan:** How many beds are there?

**Hon. Mr. Timbrell:** There are 40 there, if I remember correctly, and 60 at Whitby.

**Mr. McClellan:** Is Ballycliffe a home for special care, or just a—

**Hon. Mr. Timbrell:** No. Interestingly enough, I opened Ballycliffe years ago as a nursing home. I guess it was once a senior citizens' apartment complex. Since I opened the nursing home component, they have opened a retirement home wing which apparently has not gone very well. There were 40 beds fairly readily available there.

**Mr. McClellan:** What is the per diem at Ballycliffe?

**Hon. Mr. Timbrell:** It is \$29.94.

**Mr. McClellan:** What is the per diem at the Whitby cottages?

**Hon. Mr. Timbrell:** It is not a per diem.

**Mr. McClellan:** Can you not work that at per diem?

**Hon. Mr. Timbrell:** We have not costed it yet.

**Mr. McClellan:** Do you not work out what your per diem costs are in Whitby?

**Hon. Mr. Timbrell:** When we get to the psych vote, we will get somebody up here to discuss what the costs would be.

**Mr. McClellan:** I am very interested to know.

**Hon. Mr. Timbrell:** But they would be less than that because when you are dealing with something like a nursing home in Ajax or dealing with any private operator, you are dealing with whatever their capitalized land and building costs or depreciation costs are, which would be part of any calculation we would make.

**Mr. McClellan:** Sure. The provincial per diem cost of those cottages is an important statistic for us to have, so we can compare it to private sector stuff.

**Interjection:** We missed that.

**Mr. McClellan:** I will be coming back to that. Interjection.

**Hon. Mr. Timbrell:** Sorry. I am sorry, I was just looking at my notes and not paying attention.

**Mr. McClellan:** You have got to pay attention.

**Hon. Mr. Timbrell:** The coalition had indicated that as part of a package we developed—now going back to early October—they would develop a proposal for a 30-bed facility which they would operate. They have since come back

and said that in their view the per diem figure should be about 25 per cent higher.

**Mr. McClellan:** I believe \$35 is the rate.

**Hon. Mr. Timbrell:** Or \$36 or something like that.

**Mr. McClellan:** Yes, something in that order. Anyway, the point simply is I would like to see a per diem figure for Whitby so that we can have an idea of whether we are in the same ball park or substantially lower or perhaps even higher. I would guess higher.

**Hon. Mr. Timbrell:** It would be higher if it was straight institutionalization.

**Mr. McClellan:** Yes, precisely.

**Hon. Mr. Timbrell:** But we are not talking about the same full costs as full institutionalization.

In one of your closing comments, you said it looks as though we are trying to turn Queen Street into a chronic, long-term care facility. I do not think anybody has ever denied that Queen Street is a tertiary care centre. It is a chronic care facility. If you go back to the McKinsey report which was done in 1978, it referred to Queen Street's role as a chronic care tertiary centre. That has never been at issue. That is not something new.

In the review under way at Queen Street what we are talking about, among other things, is how to ensure that the tertiary programs at Queen Street—whether it is the psychogeriatric programs or whether it is the medium-security unit which is going to open early in the new year or whatever; the entire program—are best integrated into the psychiatric care system in Metropolitan Toronto, co-ordinated with the Clarke Institute, with Toronto General Hospital, with the other community psychiatric facilities, the community mental health projects and the like.

**5:20 p.m.**

We recognized early this year that there were problems at Queen Street, some of which you have raised, some of which the member for Parkdale (Mr. Ruprecht), the municipal representatives, the medical community and others have raised from time to time. Precisely for that reason we made changes in the administration of Queen Street and concluded that in order to be sure we were getting the best objective advice on its future role we determined that we would go outside and engage consultants. That

has been written about and discussed frequently. The final report will be available fairly soon.

**Mr. McClellan:** Have you received it yet?

**Hon. Mr. Timbrell:** No, but when I do, and when we have had a chance to digest it, I will be going to cabinet and recommending our response to them.

**Mr. McClellan:** This is what I was not clear about in the process. Are you saying this report will not be available to the public until after it has gone to cabinet, or are you saying you will have the final Peat Marwick report with people who are interested in the problems prior to making recommendations to cabinet?

**Hon. Mr. Timbrell:** That is something I am going to have to reserve judgement on. I know that in the formulation of their conclusions and recommendations the consultants have met with the various service chiefs, department heads and so forth, at several points and have got their ideas. They have reported to them some initial conclusions, which is what ended up in the press I gather. So, there has been a fair degree of involvement there.

**Mr. McClellan:** Within the hospital.

**Hon. Mr. Timbrell:** That is right. What I have to decide when I see the final report is would it be more in the interests of getting on with the job at Queen Street to proceed with taking decisions and implementation, or should it be protracted longer by some further input? I would be interested in your reaction, but it seems to me—

**Mr. McClellan:** You know my view, if I may.

**Hon. Mr. Timbrell:** Let me just say it seems to me that given the importance of the role of Queen Street, and given that no matter what decision is eventually taken no one is going to be 100 per cent satisfied with it—just take that as a given—it may well be that the best thing and what would be most in the interests of this community in clearing up any uncertainties about Queen Street would be simply for me to say to cabinet, "Here is the role that I recommend and that I am prepared to defend publicly and here is what has to be done."

**Mr. McClellan:** My view is quite different. Whatever Peat Marwick recommends for Queen Street it is going to impact on every single hospital within Metropolitan Toronto that has a general psychiatry department. It is going to impact on every community mental health program and it is going to impact on thousands of service providers.

It is a major policy decision that has to be made. It would be a terrible mistake for you to, in effect—suppress the report is one way of putting it—keep the report to yourself without permitting all the different actors in the piece to have an idea of what direction you and Peat Marwick are intending to go and to make assessments as to how they will be affected so they can make input to you with respect to whatever policy the government comes up with.

This is not something which you can play close to the vest. There is no reason to do it.

**Hon. Mr. Timbrell:** The point is they have consulted with a lot of people. It is not as though the consultants have taken a narrow view of their mandate, as I understand it.

**Mr. McClellan:** Still, it is a political decision in the final analysis.

**Hon. Mr. Timbrell:** Yes.

What I want to be sure of is this. Please recognize that as long as uncertainty is allowed to prevail about the future role of Queen Street and all that goes with that, including staffing patterns and programs, that has to begin to undermine—and you of course recognize this—the morale and therefore the effectiveness of the hospital and its programs. What I have to decide is whether the consultation has been thorough enough that I would be in a position to ask—recognizing that whatever we decide, as a ministry or as a government, someone is going to disagree with it, probably very vocally, no matter what the process is, no matter what the final decision is—has the time come to make a decision and get on with doing the job at Queen Street and remove the uncertainty, or is there a need for a further consultation?

I do not know if you have a view on that.

**Mr. Ruprecht:** I think Ross is right, because no matter what decision you come up with, the impact is going to be felt immediately, certainly within the neighbouring ridings, from High Park to the downtown area and maybe the repercussions will be much broader, on all of Toronto. I would agree with Ross that there should be some feedback.

**Mr. McClellan:** If consultation has been done, as you say it has been done, on a broad-based basis, you will not get a broad-based uproar if you release it prior to the development of policy. You will get some criticism. So what? We all get criticism.

**Hon. Mr. Timbrell:** I am saying that. I know that no matter what—



**Mr. McClellan:** If the consultation is as good as you think it is, you will not get a whole lot of really bad stuff from right across the spectrum. On the other hand, you are taking a considerable gamble by making the assumption that the consultation has been as broad based and as adequate as you are suggesting, because if it has not you will get a broad-based uproar after you announce the final policy. It seems to me you will then have a problem that is worse than going with the suggestion I am making. Then you are really in a jackpot, because it is going to be much more difficult to backtrack—

**Hon. Mr. Timbrell:** I recognize what you are arguing, but I have to weigh that argument against what is in the best interests of Queen Street in maintaining effectiveness and letting it get on with its role.

**Mr. McClellan:** Maintaining effectiveness at Queen Street is probably not the right way to put it. The way to put it is probably in the words of Mr. Wilson, quoted in the Sun. When Shulman said it is a mess, Mr. Wilson said, "He is correct."

**Hon. Mr. Timbrell:** That is why I started by saying that I recognize—

**Mr. McClellan:** I do not think you can make the situation deteriorate very much.

**Hon. Mr. Timbrell:** I do not know. That is the judgement I have to make and whatever it is, I have to stand on it.

There was one other point. Somewhere in your remarks you indicated it is your impression that Queen Street no longer invites the community in. I checked on that. My understanding is that the community use of the facilities at Queen Street is as extensive as it ever was—the use of the auditorium, the gym, the pool.

**Mr. McClellan:** All I can say is I am getting complaints from residents who live in the communities just north of Queen Street that they have been chased off the grounds.

**Hon. Mr. Timbrell:** There was one incident I was aware of. Some lady was apparently regularly walking her pet dog on the grounds and using them as a latrine for the dog and she was asked not to. Sure, I hope that—

**Mr. McClellan:** I do not think we are talking about the same thing.

**Hon. Mr. Timbrell:** That might generate one complaint to you. Hopefully it would not generate more than just the one.

**Mr. McClellan:** No, there were a number of complaints that have come up at these meetings

you are familiar with, which had been set up to try to deal with some of the problems.

**Hon. Mr. Timbrell:** I know any time I have been there, it has been proudly pointed out to me that here is a group using the gym, or here is a children's group from the local school coming in to use the pool, or the auditorium is being used for a gymnastic production—

**Mr. McClellan:** That was certainly the practice and the adjacent community always appreciated having access to the facilities.

**Hon. Mr. Timbrell:** If you can get some specifics—

**Mr. McClellan:** Sure.

**Hon. Mr. Timbrell:** —let me know what specifically they were previously entitled to that they think they cannot do now, and then we can pursue it.

**Mr. McClellan:** Yes.

Were you going to comment on wandering patients?

5:30 p.m.

**Hon. Mr. Timbrell:** That reflects the operating philosophy of the hospital for a number of years, the open door policy: the fact that they do not lock all the wards; the fact that they do not have a security person at the front desk. As you know, in the preliminary comments of the consultants they dealt with that and we are suggesting some changes.

As I said in the House not long ago, I am sure that one of the things that will change is the mode of supervision, to cut down on the elopements from the facility. Recognize that, though, that of all our hospitals, Queen Street is in the most unique location.

**Mr. McClellan:** You are telling me.

**Hon. Mr. Timbrell:** No, seriously. Nowhere else in our system will you find a psychiatric hospital in the heart of the city right on the main transit lines, right next to shopping areas and so forth, all of the things that attract people away. Go anywhere else you want in the system and they are usually in much more pastoral, tranquil surroundings from which it is very much more difficult to get to "where the action is." So we have some particular problems at Queen Street we generally do not have anywhere else in the system, whether it is at St. Thomas or Kingston or Brockville or Lakehead or anywhere else.

That is one aspect of policy in the operating philosophy of the hospital where I anticipate there would be some change—in the way of supervision to ensure that if people are leaving

the grounds, number one they have permission, number two that they are properly attired. That is not to say it will completely stop the problem because, short of locking all the wards, I do not know how you can.

**Mr. McClellan:** I understand that, but I gather we are talking about a problem in the magnitude of six or seven AWOL patients per day. Many of them are not dressed properly; they are in pyjamas and bare feet in the middle of winter, that kind of thing. That is what puzzles me.

I understand the open door policy. I understand that voluntary patients are voluntary patients and have the right to come and go as you and I. But I do not understand how an involuntary patient has the right to come and go; I will never understand that. And I do not understand how any patient has the right to go out without clothes on. He may be sick, but I have difficulty understanding why it is so difficult to deal with.

**Hon. Mr. Timbrell:** You know, of course, that involuntary patients are not under lock and key because they are involuntary.

**Mr. McClellan:** I understand that.

**Hon. Mr. Timbrell:** To come back to the configuration of Queen Street, there is not much I can do about that. It is a new building; I cannot tear it down and start over again. But it is a difficult design.

**Mr. Kolyn:** There are a lot of fire exits too, Ross.

**Hon. Mr. Timbrell:** There are a lot of exits. A lot of people have grounds privileges. Again, because we have not put a wall around it, because we have not put security guards at the exits, its very location and its very design have presented some unique operational problems relative to the rest of the system we operate and even relative to psychiatric units in community hospitals, because they tend to be in a particular wing or on a particular floor and are more isolated than a facility like Queen Street.

**Mr. McClellan:** Can you report on anything specific or concrete that is under way to try to—

**Hon. Mr. Timbrell:** Perhaps when we get into the vote I will be glad to get the director of the branch up here. I mentioned earlier, there is a medium security unit—

**Mr. McClellan:** Okay, but that is another problem.

**Hon. Mr. Timbrell:** It will perhaps deal with a few people, but also it will be some relief to the

rest of the system to allow back into the Toronto area for treatment some people who presently have to be out in St. Thomas or Penetang or Brockville or wherever, in one of our other medium security units.

**Mr. McClellan:** At any rate, when we do get to the vote perhaps we can look at some of the specific—

**Hon. Mr. Timbrell:** I should point out—I started alluding to this on Friday in answering a question from Mr. Ruprecht—the medium security unit is another thing we have developed in the last four or five years as a means of having a good balance in the system.

**Mr. Ruprecht:** The major problem we experience in the west end is not the group home facilities as such, because in the group homes you probably have good supervision. There were only two homes I have heard complaints about; one was in Mr. Shymko's riding and finally had to close down a year ago. I forget its name.

In any case, the major concern here—and these are the figures we have; I do not know whether they are correct, they come from the Supportive Housing Coalition—is that 14,000 people are released from the Queen Street Mental Health Centre a year. Is that possible?

**Hon. Mr. Timbrell:** I think we have the figures in the annual report that show the admissions and discharges.

**Mr. Ruprecht:** What would the figures be in Toronto?

**Hon. Mr. Timbrell:** Queen Street, 1980-81, had 3,800 admissions and 3,760 discharges.

**Mr. Ruprecht:** Do you have the 14,000 figure anywhere? Is it possible that it refers to all of Toronto?

**Hon. Mr. Timbrell:** In 1980-81, in the whole system there were 13,000 admissions and just under 13,000 discharges.

**Mr. Ruprecht:** That is what they are talking about then.

**Hon. Mr. Timbrell:** That is in the whole system, all 10 provincial psychiatric hospitals. If you wanted to add the admissions and discharges for the community psychiatric facilities, it might even be higher, because the lengths of stay tend to be shorter in the community psychiatric units than in the provincial psychiatric hospitals.

**Mr. Ruprecht:** Thank you for straightening me out on the numbers. The point I am making is that there is a substantial number—over

3,000, as you indicated—who are being released from the Queen Street Mental Health Centre. They do not all go into group homes, as you well know. In fact the vast majority go into boarding and lodging houses.

**Hon. Mr. Timbrell:** No. Our information is that 80 per cent of people admitted to Queen Street—correct me if I am wrong—are discharged back to the community. The number of discharges in need of some guidance or assistance, and all of them needing highly supervised housing, is about 20 per cent.

That number repeats. It is another aspect of the chemotherapy revolution Mr. McClellan referred to, that you end up with people coming back fairly regularly. I guess the alternative to that, which none of us would want to see recur, is the old system where once they were admitted, that was it. They stayed.

**Mr. McClellan:** One has the sense that they come back because their therapeutic regimen has broken down. They have not been able to cope with the discipline of chemotherapy in many instances, so you have a kind of a revolving door. The only way they can get back on the regimen is to be readmitted to the hospital, because we have not put anything in place in the community that will permit their regime to be—

**Hon. Mr. Timbrell:** I do not think that is entirely accurate.

**Mr. McClellan:** I am saying that is my sense of things, and I do not know how many people we are talking about. I do not have any statistics to be able to say how many people we are talking about. Perhaps you do.

**Hon. Mr. Timbrell:** One of the problems we have at Queen Street, and it is fairly unique in the system, has had a lot to do with the design of the hospital. The hospital is based on geographic units, and that has led to any number of operational problems in its relationship to the satellite clinics in and around Toronto, relationships between the mental health projects, who follows up whom, relationships of the health department—any number of problems.

That is another area where I would anticipate there will be recommendations for some significant changes to move away from geographic units to program units, which I think you would probably agree makes more sense; it does to me, at least.

5:40 p.m.

**Mr. Ruprecht:** What is the readmission rate to the Queen Street Mental Health Centre? Our

figures indicate it is 60 to 65 per cent; some even say 70 per cent.

**Hon. Mr. Timbrell:** If you want to get into more detailed picture, maybe we can wait for the vote. I think it is the second vote.

**Mr. Ruprecht:** Anyway, it is over 50 per cent. You said that only 20 per cent are going into facilities such as boarding and lodging houses and other bachelorette type of accommodation. I find that strange if the readmission rate is close to 65 per cent.

**Hon. Mr. Timbrell:** Let me give you the figures. For the 12-month period ending March 31, 1981, the readmission rate at Queen Street was 44.6 per cent for adults who had been discharged for less than 12 months and 18.2 per cent for adults who had been discharged more than 12 months earlier.

I think you could argue those figures are a number of ways. One way I would argue it, and we can get into this when we get to the vote, that after the initial discharge it may well be that the incidence of people coming back related to their falling off their drug regimen, or some other related problem, is fairly high. But once the first year has passed, the incidence of readmission appears to be considerably lower.

Dr. Heseltine is here, and perhaps he can comment on the factors that contribute to readmission.

The deinstitutionalization program did not just start in the last four or five years. It has been going on for 20 years. However, I am reasonably proud of how much has been done in the last five years in developing the range of alternatives, such as the medium security units to better manage the inpatient population and the community mental health programs.

**Mr. Ruprecht:** From where you sit this might look significant. From where we sit and from where our community sits—and I speak fairly authoritatively about the Parkdale community—I told you this in the House when I first got here because I was very upset and I still am to some degree—obviously we see all the limitations here. The community was so upset they demonstrated with caskets and candles over your policies.

**Hon. Mr. Timbrell:** That is not to say that some of the theatrics were based on fact.

**Mr. Ruprecht:** I think you are totally missing the point. It is not that they were theatrics; they were an outgrowth of a policy in our area that



has not worked. The problem is that you have never come to that area—

**Hon. Mr. Timbrell:** Oh yes, I have.

**Mr. Ruprecht:** —and talked to those people.

**Hon. Mr. Timbrell:** I have never been asked.

**Mr. Ruprecht:** Oh yes, you have.

**Hon. Mr. Timbrell:** But I have visited a number of the boarding homes in that area. They were not announced visits with cameras rolling and so forth, but completely unannounced. I asked our staff to give me a list of the best and the worst and went and visited a number of those homes, with one of the city alderman, to find out the conditions at first hand.

**Mr. Ruprecht:** Were these group homes or boarding and lodging houses?

**Hon. Mr. Timbrell:** Both.

**Mr. Ruprecht:** What did you find there?

**Hon. Mr. Timbrell:** Some appeared to be very good and some appeared to be rather bad. On the rather bad ones, I think that the actions of the city in the last couple of years since then, in using the powers available to them in the Public Health Act and in the Municipal Act, have gone a long way to cleaning up a number of the bad ones or the not so good ones.

**Mr. Chairman:** The minister indicated earlier, and I would like to reiterate, if we have further detailed questions perhaps we could wait till item 2 of the second vote.

The minister was responding to the official critics, Mr. McClellan particularly, and you had a supplementary. I would appreciate it if you would leave further questioning in this particular area for the appropriate vote.

**Mr. Kolyn:** Could I interject something with regard to what Tony was speaking about while we are still on the subject?

I have had a business on Queen Street for 16 years. The psychiatric problem always was there. You have to remember, Tony, that we have always had rooming houses in the Queen Street area along the transit line as long as I have been there. Not all of the people in the rooming houses are psychiatric patients. A lot of people have chosen to live in the downtown Parkdale area for various reasons. I say to you, quite honestly, that I have been 16 years on the street and they are not all ex-psychiatric patients.

**Mr. Ruprecht:** Where were you?

**Mr. Kolyn:** Queen and McCall, for 16 years.

**Mr. Ruprecht:** It is not in that area.

**Mr. Kolyn:** We have had all kinds of rooming houses on John and Peter Streets for years, so don't give me that.

**Mr. Chairman:** Order. I understand the concern that Mr. Ruprecht has as the member for Parkdale because of the concentration of these homes in the area. I would still appreciate it if we could start in the order of the items, rather than to begin with vote 3202. I am sure you can wait until we come to the appropriate vote before going into the details. You have a lot of questions and I am sure other members of the committee do as well.

**Hon. Mr. Timbrell:** It is the second vote, anyway.

**Mr. McClellan:** It is background for us. One of our difficulties is a lack of statistical material, particularly with respect to readmission rates. If the ministry could share with us whatever material it has, perhaps limited to Queen Street to simplify the task, to give us some idea of the extent of the readmission problem and the characteristics of the readmission patients, we would appreciate it.

**Hon. Mr. Timbrell:** The statistics I have just—

**Mr. McClellan:** Is that all you have?

**Hon. Mr. Timbrell:** Yes, but I suggested that when we get into the vote, perhaps Dr. Heseltine or some of the others in the branch can get into a discussion of what constitutes the overall readmission question from the critical end of the administration.

**Mr. McClellan:** It would still be helpful for the committee to have some kind of summary document in front of us, rather than trying to absorb statistics given orally.

**Hon. Mr. Timbrell:** They are part of those I am going to get.

**Mr. Chairman:** Mr. McClellan had indicated earlier, I believe, some figures that he wanted, which your staff I am sure will have available to the committee.

**Hon. Mr. Timbrell:** Yes. They are obviously not ready yet so it will be tomorrow before they will be finished.

**Mr. Chairman:** Mr. Ruprecht on a point of order.

**Mr. Ruprecht:** I have some broader questions as a member of this committee that I would like to discuss with the minister. I do not see why I cannot ask the minister a broader question. I do not understand what your problem is that we have to wait.

**Mr. Chairman:** There is absolutely no problem. Under the first vote, item 1, you will be discussing the main office. The first item, analysis and planning, is where you can deal with policies, if that is what you mean by broad problems. But if we deal with the area of psychiatric institutions, I think it would be appreciated if we could follow the order of the votes.

**Mr. Ruprecht:** What order, Mr. Chairman?

**Hon. Mr. Timbrell:** Do you have an estimates book?

**Mr. Ruprecht:** Sure, I have an estimates book. Why are you cutting me off from asking the minister this question?

**Mr. Chairman:** I am not cutting anyone off. Mr. Ruprecht, you are wasting everyone's time on this point of order.

**Mr. Ruprecht:** I am not wasting anyone's time. You are wasting everyone's time because you are talking.

**Mr. Chairman:** If we could proceed with vote 3201 in the order of the various items, we will then come to vote 3202 in the area—

**Mr. Ruprecht:** Mr. Chairman, I would respectfully request that we have a vote on whether I will be permitted to ask the minister my question.

**Mr. Chairman:** We will ask the committee to decide.

**Mr. Ruprecht:** I request that I may ask the minister some questions before you go into specifics, because I have some specific questions as well.

**Mr. Chairman:** I have a responsibility to co-ordinate these estimates and to carry on the meeting in an orderly fashion. The way that I perceive this is to follow a logical sequence of votes. It has been traditional, not only in this committee but on all estimates committees, to follow that pattern, when we can provide statistics, when the ministry staff may perhaps ask some of their senior people or ministry people to go into details in explaining some of the services in their areas.

**5:50 p.m.**

I think if we know that we will be approaching a particular item, let us say tomorrow or the day after, I am sure the minister will have representatives from the ministry who will provide you with more detailed information, so it is only to your advantage if we follow this order.

**Hon. Mr. Timbrell:** Mr. Chairman, if I could

add a word, in the 10 years I have been here I have sat on estimates—and for the last almost eight years on this side of the estimates table—and the usual procedure has been for the spokespersons for the opposition parties to lead off. Usually there is a ministerial statement, sometimes lasting a week.

**Mr. McClellan:** Which we were mercifully spared.

**Hon. Mr. Timbrell:** That is right, I want some credit for that, anyway. Then there were the responses from the opposition spokesmen and then we have always gone into vote and item. There is always, I can assure you, any number of places where you can, however general—

**Mr. Chairman:** To make it more specific, Mr. Minister, I think the member for Parkdale appreciates the standing orders and the fact I am bound by that procedure. Standing order 48(c) says, "Latitude shall be permitted to opposition critics on the first item of the first vote of each set of estimates and thereafter members shall adhere strictly to the vote and item under consideration."

Perhaps some of your colleagues may give you some personal advice as to the procedure if my advice is not appropriate.

**Mr. McClellan:** Has the minister concluded his reply to my leadoff statement?

**Hon. Mr. Timbrell:** Except for the point of the bed numbers, which I suppose we could do under institutional health services anyway.

**Mr. Van Horne:** If I could interject, I think the problem may be that it was not understood that the minister still had some comments to make on the statement of the New Democrats. In other words, his rebuttal was not complete and we are not, in fact, on the first vote, we are still on the preliminary process.

**Hon. Mr. Timbrell:** Correct me if I am wrong, but my understanding of procedure around here over the last 10 years has been that usually the opening statements are considered part of the first vote. It is all part of the consideration of the first vote, the more general one, the administration vote. So I guess technically we are into the first vote now.

**Mr. Van Horne:** The question would be are you finished with Mr. McClellan, in which case—

**Hon. Mr. Timbrell:** No, I have some figures to bring back but they could just as easily be given

under institutional health services, because they have to do with numbers of beds.

**Mr. Ruprecht:** Let me ask you this question—

**Mr. McClellan:** I am quite happy to wait until we get to the second vote if you want to deal with the bed problem in that way.

**Mr. Chairman:** Mr. Minister, you have completed your response?

**Mr. Ruprecht:** On a point of order, let me just ask you this question; I want to make it clear. I have serious problems about this specific item about Queen Street and mental care in Ontario.

**Mr. Chairman:** Absolutely.

**Mr. Ruprecht:** You are saying to me then that any one of my questions, whether it is broad or specific, can be answered in vote 3202; am I understanding you correctly?

**Mr. Chairman:** I am saying that vote 3202, item 2, deals specifically with this area and anything that may be related. As we proceed there perhaps may be some aspects under analysis and planning, item 6 of vote 3201, that may be policy oriented and may deal with this area on which you may want to ask a question.

**Mr. Ruprecht:** But if I have broad questions, you have no objections, neither has the minister, if I ask these questions in these estimates?

**Mr. Chairman:** I said if you have broad questions related to the area of psychiatric services, from the broad question you probably would solicit some detail, some information and perhaps further advice from some of the ministry people who can provide you with more specialized answers. The minister may not be in a position of having all of the answers. It is only fair to you that when we deal with that particular item there are individuals here who may provide you with better answers than the minister could.

**Hon. Mr. Timbrell:** Just one last comment: I was not even aware that the rule existed in that form. I think the rationale behind it, especially in a ministry of my size, is if we were all going all

over the map I would fill this room with assistant deputy ministers and directors and so forth to make sure someone was here to cover whatever contingency. At least in going through it by vote and item we can try to schedule the people who are to be here.

**Mr. Ruprecht:** Some of my questions are broad, so that is why I wanted to get into them before you talked specifics.

**Mr. Chairman:** You have had a few broad questions already, Mr. Ruprecht.

**Hon. Mr. Timbrell:** We do it once you get into an item like institutional care. This is my fifth or sixth or seventh or eighth set of estimates or hearings of one kind or another before a committee. It is very broad.

**Mr. Ruprecht:** Apparently what I am requesting you to do, you cannot do. I am sorry you are taking this stand.

**Mr. Chairman:** I am not trying to create any obstacles, Mr. Ruprecht. I must compliment you on your agility and ability in continuing this discussion until we have reached almost six o'clock and the time to adjourn this meeting, if that was your purpose.

**Mr. Van Horne:** Mr. Chairman, if I am switched next year to critic of the Treasury, will I be meeting you at that point in time?

Interjections.

**Mr. Chairman:** We will begin our votes by item questions and comments tomorrow. If you want to ask a question, Mr. Ruprecht, we have a minute to go to six o'clock. You can begin with your general question to the minister. You could move that this meeting adjourn, which would be generally acceptable.

**Mr. Ruprecht:** You just told me I could ask a question and now you want me to move the adjournment. What is it?

**Mr. Chairman:** We will adjourn and I will see you tomorrow after routine proceedings.

The committee adjourned at 6 p.m.



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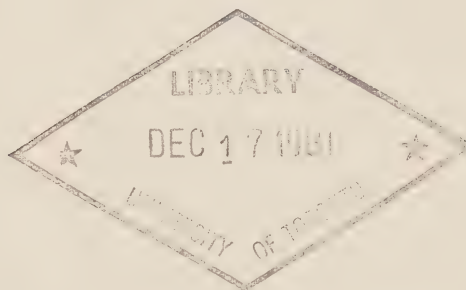
Ontario, LEGISLATIVE ASSEMBLY

No. S-27

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Health



**First Session, Thirty-Second Parliament**  
Tuesday, November 24, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Tuesday, November 24, 1981**

The committee met at 4:07 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF HEALTH (continued)

**The Vice-Chairman:** The committee can come to order. We will establish a speaking order. We are still talking on general administration and Mr. Ruprecht has the floor.

**Mr. Ruprecht:** Thank you very much, Mr. Chairman.

Mr. Minister, I would like to ask some broad questions as to your idea of aftercare programs. As you know, we are suffering—some of the ex-psychiatric patients I talk to are suffering—because of a lack of adequate aftercare programs.

The whole thrust of when a person leaves the mental institution, the mental health centre, should be that some services are provided for him to reintegrate with the community in a better way. I am wondering whether it would not be possible, whether you have considered it or whether something is in the works, already to provide some nursing care for people who have left psychiatric institutions so they can be better integrated with the community.

There are two points, I guess: one, the care aspect of it; and the second area, the program aspect of it, the programs for personal care, how to dress and how to—

**Hon. Mr. Timbrell:** Essentially you are talking about something along the lines of the homes for special care program, at least at the intermediate level. They are not still patients, they are discharged, but the program is available for people who need some kind of a more supervised setting.

It is to that I was referring in the House the other day. It is those types of beds which have not previously been available in Toronto in any great supply. The proposal call I indicated to you would be going out in the next week or so will be for the intermediate level of homes for special care.

**Mr. Ruprecht:** How do you see it being developed?

**Hon. Mr. Timbrell:** It seems to me there has

to be a range. There is a small percentage of people who are discharged who require some form of supervised setting, where counselling is available as needed and some assistance with the problems of daily living, as opposed to those who go home on discharge—which is the bulk of them, 80 per cent or so—or those who require continuing institutionalization.

You will recall that when we closed Lakeshore Psychiatric Hospital we at that time committed that we would spend half of the savings, which were estimated to be something in the order of \$2.6 million—so we would spend \$1.3 million—on new community mental health programs. The savings—

**Mr. Ruprecht:** Can I interrupt you for one second, before you go on? It is about the \$2.6 million. You are saying that you are actually doubling the expenditures in that area from \$1.3 million to \$2.6 million, is that it?

**Hon. Mr. Timbrell:** No. If I could finish: it was estimated that by closing Lakeshore Psychiatric Hospital and using what were then the empty beds at Queen Street for the inpatient population from Lakeshore—and every inpatient from Lakeshore was transferred as an inpatient, most of them to Queen Street, a few to Hamilton; no people were discharged because of the closure of Lakeshore as an inpatient facility.

It was estimated at the time that by doing that our savings would be of the order of \$2.6 million. We said that being the case, we would commit to add to the community mental health budget half of what we would save from the closing of Lakeshore as an inpatient facility. In fact the savings from the closing of Lakeshore were probably closer to \$2 million.

**Mr. Ruprecht:** I thought it was a lot higher, but I could be wrong.

**4:10 p.m.**

**Hon. Mr. Timbrell:** No, someone shakes his head to the contrary. My recollection is that the actual savings turned out to be closer to \$2 million and not \$2.6 million, less than projected.

**Mr. McClellan:** Two million dollars per year?

**Hon. Mr. Timbrell:** Yes, but the amount by which we increased community mental health

programs turned out to be closer to \$1.5 million, as I recall. So we actually ended up saving less and spending more than had been intended.

With that, we were able to announce 21 additional community mental health programs in the Queen Street-Lakeshore catchment area, in things such as the park program, for instance, the Parkdale Activity and Recreation Centre to which you referred yesterday in the conversation we had after the committee rose, and things such as the crisis intervention unit at Mississauga General Hospital.

I cannot recall the proper name of the new body in Etobicoke, EMHSA—Etobicoke Mental Health Services Agency—which is co-ordinating public health and the institutional psychiatric programs. They recently opened a new office at Islington and Albion.

**Mr. McClellan:** I meant to ask yesterday—and I cannot remember if I did—for a breakdown on the adult community mental health expenditures.

**Hon. Mr. Timbrell:** I think this is it. Just a moment.

**Mr. McClellan:** I wonder if that could be tabled.

**Hon. Mr. Timbrell:** Sure. Have you another copy of this, Dr. Lynes?

**Dr. Lynes:** Not here.

**Hon. Mr. Timbrell:** I will get you another copy of this.

The north and south Peel alternative housing project was funded out of the savings, as was the crisis intervention team in Mississauga General Hospital; the community mental health centre at Mississauga General Hospital; the psychiatric outpatient program at Peel Memorial Hospital in Brampton; a crisis intervention unit at Etobicoke General; Opportunity for Advancement, which is a community health program in the Weston area; and Friends and Advocates, again in Weston.

The Etobicoke Mental Health Service Agency, to which I have just referred, was funded out of that; and Rehabilitation through Education at Seneca College, at their west end campus; the Keele Street Women's Group, sponsored by the Canadian Mental Health Association, York borough branch; Breakthrough, which is an Italian women's group at 801 Eglinton Avenue West, also in York, again sponsored by the Canadian Mental Health Association; and psychogeriatric services at the West Park Hospital came out of the savings.

There was also psychogeriatric services at

COTA—an acronym for the name of a group in Downsview, Community Occupational Therapy Associates; community psychiatric services at Northwestern Hospital; day hospital expansion at Humber Memorial Hospital; Progress Place—again at 801 Eglinton Avenue West North York Interagency Council, a program for the co-ordination of mental health services in North York; Club North York on Eglinton. Another project through the North York Interagency Council is the YWCA life skills program; there was the Parkdale Activity and Recreation Centre, which I told you about earlier; and Regeneration House, which is a halfway house on Annette Street.

These were the projects which were funded out of the savings generated by the closure of Lakeshore Psychiatric Hospital as an inpatient facility.

**Mr. McClellan:** What does that represent in terms of this year's adult community mental health budget? When I spoke earlier about the briefing book possibly being more helpful, one of the things the ministry can think about for future years is this kind of breakdown.

**Hon. Mr. Timbrell:** Sure. If you have any suggestions for things that would be helpful, let us know.

Going back to 1979-80, which are the most recent actual figures I have, the spending on the adult community mental health programs was \$10,465,000. In 1980-81 it rose to \$13,641,000, and this year, 1981-82, it is in excess of \$16 million.

**Mr. Ruprecht:** Is that the budget total or what?

**Hon. Mr. Timbrell:** No, that is just the community mental health portion. The total spending on—give me the book.

**Mr. Ruprecht:** It is \$13 million for these 21 programs, is that what you are saying?

**Hon. Mr. Timbrell:** No, it is for the total adult community mental health program.

**Mr. McClellan:** That is the figure on which I would like to get as much of a breakdown as possible.

**Hon. Mr. Timbrell:** The total spending on psychiatric hospitals, including the homes for special care program, this year is almost a quarter of a billion dollars, \$246 million. That is it; that is psychiatric hospitals, including homes for special care.

You have to add to that—I do not have the figures here and I am not sure if there is a

breakdown or not—the money we are spending on the 60 community psychiatric units. Okay? Those are parts of—

**Mr. Ruprecht:** Like Archway Counselling and Crisis Centre?

**Hon. Mr. Timbrell:** No. Now I am talking about the 60 inpatient facilities, such as Scarborough General, which has an inpatient psychiatric unit in what they call the tower. Toronto General has an inpatient psychiatric unit. There are 60 inpatient psychiatric units in community hospitals in Ontario. I do not have the cost of those broken down, but those are on top of the \$246 million, which is the spending on the 10—

**Mr. McClellan:** Can you give us a ball-park figure?

**Hon. Mr. Timbrell:** I could not. I do not know if anyone here could or not.

**Mr. Gillies:** Mr. Minister, I—

**Hon. Mr. Timbrell:** I am sorry, if I could just finish. The community mental health program, which this year is in excess of \$16 million, is over and above that and then the amount we pay to psychiatrists in private practice, that is, through OHIP, is over and above that. In the last year for which I have firm figures, 1979-80, it was \$44 million.

**Mr. McClellan:** Can I have that again, because I was going to ask you about OHIP psychotherapy billings?

**Hon. Mr. Timbrell:** The payments to psychiatrists in 1979-80 were \$44 million.

**Mr. McClellan:** Is that the most recent data? It was roughly three times your expenditure on adult community mental health.

**Hon. Mr. Timbrell:** I do not know whether that necessarily compares. Is that apples and oranges?

**Mr. McClellan:** It is just an interesting comparison.

**Hon. Mr. Timbrell:** No. That would include frequent return visits, evaluations and support visits.

**Mr. McClellan:** True.

**Hon. Mr. Timbrell:** We have it broken out—I thought we had it broken out in the annual report but we do not. That is the last firm—I gave \$39 million for 1978-79, \$44 million for 1979-80 and an estimate for last year, which I would rather not use until it is confirmed.

**Mr. McClellan:** Those billings would be in offices and in general hospitals? How do we

understand where those services are delivered—that \$44 million worth of OHIP psychotherapy billings?

**Hon. Mr. Timbrell:** They would be in physicians' offices or in—

**Mr. McClellan:** In public hospitals?

**Hon. Mr. Timbrell:** —public hospitals, yes.

**Mr. McClellan:** Yes, but not in provincial mental health centres?

**Hon. Mr. Timbrell:** No, they are salaried.

**Mr. Ruprecht:** Going back to the support, you did not quite finish. I would really like to—

**Mr. Chairman:** Mr. Ruprecht, if you do not mind, there was a supplementary on the last question you had.

**Mr. Gillies:** Thank you, Mr. Chairman. On the subject of community mental health, was it simultaneous with the closing of Lakeshore that Hamilton Psychiatric was also closed?

**Hon. Mr. Timbrell:** No. In fact, Hamilton Psychiatric is very much open.

**Mr. Gillies:** It is very much open?

**Hon. Mr. Timbrell:** Very much open.

**Mr. Gillies:** As you know, we are trying to get a community mental health unit set up in Brantford and we met Dr. Deadman and some of your other officials in Brantford last week. There is some concern that the deinstitutionalization process, to an extent, is placing a greater strain on the facilities we have in some of the smaller communities.

I just wondered if you might be able to outline for us some of your plans. I am sorry I did not catch all of them, but most of the programs that you outlined in the list seem to be Metro.

4:20 p.m.

**Hon. Mr. Timbrell:** Yes. The list I read was strictly Metro and area, because it was in relation to the concern Mr. Ruprecht had for the Parkdale area and the former Lakeshore Psychiatric Hospital catchment area. Let me just go through the list here and see what I can find for that area.

I can say that there have been no closings of any psychiatric facilities, provincial or otherwise that I can think of, in your part of the province. Was Brantwood once a provincial psychiatric facility years ago?

**Mr. Gillies:** Many years ago. It has been the Brant Sanatorium since then.

**Hon. Mr. Timbrell:** I do not know whether it was ever a psychiatric facility. I cannot think of



any facilities that have been closed, but I am sure that there have been additions of programs.

**Mr. McClellan:** Part of it was a home for special care.

**Hon. Mr. Timbrell:** Which?

**Mr. McClellan:** Brantwood.

**Mr. Gillies:** Yes.

**Mr. McClellan:** Part of it was a schedule II institution.

**Hon. Mr. Timbrell:** That is right.

**Mr. Gillies:** Now the chronic beds have been moved to St. Joseph's.

**Hon. Mr. Timbrell:** Part of the rationalization in Brant county moved the chronic unit out of there to St. Joseph's Hospital.

I could get you a copy of this as well. Each year we have had a growth. In the last five years the spending on community mental health projects has more than doubled. We now have 121 projects and we are working on the latest list of new projects.

There are other proposals. I do not mean to say the list of newly approved projects we will put out will answer everything that has been proposed, because other proposals have come forward from various parts of the province that exceed the amount we have available for growth.

**Mr. Gillies:** I appreciate that, Mr. Minister. I was talking to Dr. Deadman last week and he told me there were more proposals for the upcoming approval than you had money for.

**Hon. Mr. Timbrell:** Yes.

**Mr. Gillies:** I just wanted to impress on him, as I would on you, that in Brantford, as it is not a university town, we are at some disadvantage in so far as being served in the community by psychiatrists and psychologists is concerned.

We know that cities of comparable size with a university have more people training in the community, whether they are working in the framework of a formalized community mental health service or not. They are there just by virtue of their studies, et cetera. So I would like to impress on you that we are very anxious for the ministry to provide such a service as soon as possible. There is quite a need there.

**Hon. Mr. Timbrell:** I do not know if anyone has made a breakdown of university towns versus nonuniversity towns, but a lot of the community health programs are in nonuniversity towns. I have a list here showing they are in Windsor, Kitchener, Waterloo, Guelph, Goderich, Sarnia, Owen Sound, Kincardine, South-

ampton, Strathroy, London, Stratford, Mississauga, et cetera. There is one in Cambridge, see here, with day therapy and an aftercare program, which is reasonably close to you town.

**Mr. Chairman:** Mr. Minister, you have indicated you would provide a copy of the lists to two members. Would all members like to have a copy of that? I suggest that you could make enough copies for all the members of the committee, Mr. Minister.

**Hon. Mr. Timbrell:** Why do we not take it out of your budget? I will table it.

**Mr. Gillies:** Just by way of wrapping up my question, Mr. Minister, I hope it will not be in the too distant future that we see Brantford added to your list.

**Mr. Chairman:** There is a list of speakers. I guess you are still on, Mr. Ruprecht, followed by Mr. Boudria and Mr. Van Horne. Just to formalize, we are on the first vote, vote 3201?

**Mr. Ruprecht:** No. We are not on a vote.

**Mr. Chairman:** We are not on a vote?

**Mr. Ruprecht:** No.

On vote 3201, ministry administration program; item 1, main office:

**Mr. Chairman:** My understanding is that following the adjournment yesterday we were to begin today with the first vote, and we are on item 1, main office. I would like to ask the committee members to check in the briefing book on page 14. We are dealing with the Ontario Council of Health, the affirmative action program and French language health services under item 1. The list of speakers is Mr. Tony Ruprecht, Mr. Boudria, Mr. Van Horne and Mr. McClellan.

**Mr. Ruprecht:** Mr. Minister, we are still on this business of aftercare programs. We got sidetracked when some questions came up.

The serious nature of the problem is how are you going to provide aftercare programs for people who are released and still need help. You had indicated earlier it might really be crucial to define how we are to get to the people who have been released and who may not even recognize they might need help. Yet they are a burden to themselves and to the community, inasmuch as they cannot get jobs and cannot be integrated into the community. So my first question is, what kind of programs are you going to provide for aftercare?

**Hon. Mr. Timbrell:** The kinds of program that we are funding in the community mental

health program are varied, all the way from crisis intervention programs to deal with individual crises out in the community, rather than them all having to end up at places like Queen Street or Whitby, to things like the Parkdale area recreation centre, which is essentially a drop-in, socializing kind of program. The staff there are skilled enough to be able to pick up from social contacts whether people are distressed or heading in the wrong direction and everything in between.

We are told that about 30 per cent of the time of the average public health nurse in Toronto, or for that matter of most health units, is taken up with mental health. It may be follow-up, or it may be initial contact for people who have been brought to the attention of the health unit by the neighbours or someone else, even an MPP. I did it myself recently. I had reason to believe this chap was distressed so I phoned the health unit and asked someone to drop by and check him out, and they did.

The point also has to be made here, as I was saying to you yesterday after the close of the committee, that we agreed earlier this year to the community resource centre proposal for the discharge planning project at Queen Street Mental Health Centre. We have established the assessment unit, as is indicated in that letter to Mrs. Leonard, chairman of the Metro Toronto District Health Council. It is the intention to better assess the needs of the people who are coming up for discharge and to try to assist them in the readjustment back into the community.

The difficulty is that I get concerned that everyone who has a social problem in the west end of Metropolitan Toronto—the west end of the city of Toronto in particular—is labelled as an ex-psychiatric patient; that somehow everyone who has a housing problem or a social problem is an ex-psychiatric patient. Obviously that is not true.

**Mr. Ruprecht:** That is not what we are claiming, Mr. Minister.

**Mr. McClellan:** No one ever said it was.

**Hon. Mr. Timbrell:** That is the impression that comes through in some of the media attention to the issue, and it is quite inapt.

Secondly, we constantly try to improve on the discharge planning and to try to add to the stock of community mental health programs. I have not previously, for instance, mentioned the satellite programs at Queen Street. Some people feel going to a psychiatric unit would stigmatize them and that deters them. These

programs were intended from their inception to bring psychiatric services closer to where the people are so they do not always have to go to Queen Street or to a psychiatric unit. All of these things have been intended to improve access and follow-up when a person is discharged.

**4:30 p.m.**

**Mr. McClellan:** The satellite programs are being maintained at the present strength and present complement?

**Hon. Mr. Timbrell:** I do not have that in front of me.

**Mr. McClellan:** We will come back to that when we get to the institutional vote.

**Hon. Mr. Timbrell:** Yes. Once you have acknowledged that there needs to be improvement in our assessment of discharges, and we are doing something about that, and once you do the better assessments and give direction, if the individual says, "I do not want to do that," then you really cannot force him to do it. Your choice, having given the advice, is still to discharge them.

**Mr. Ruprecht:** You are right, but are we doing that? That is the point.

**Hon. Mr. Timbrell:** We are acknowledging that there is room for us to improve and we are doing that through a couple of initiatives taken this year, the community resources centre proposal which we accepted in January, and the decision taken this fall to establish the assessment unit with respect to housing.

**Mr. Ruprecht:** Mr. Minister, it is very crucial. The Clarke Institute have told us in their report that 42 per cent of the patients released from Queen Street needed some form of aftercare programs. Yet only 20 per cent of them are receiving aftercare programs. There is a 22 per cent gap between those who are receiving aftercare programs and those who needed it but could not get it because programs were not available.

**Hon. Mr. Timbrell:** If we are talking about the same report, my recollection is they also pointed out that one of the difficulties was compliance. There were many cases they had identified where people were directed but did not go; who did not follow through, who did not attend the program, who did not—

**Mr. Ruprecht:** You are not saying that all of them did that.

**Hon. Mr. Timbrell:** No, but they did identify that as a problem. Obviously there is just no

way, short of readmitting someone—and there are criteria even there for involuntary commitment that you have to be careful about—that you can compel people to do something which, for whatever reason, they have decided they do not want to do.

**Mr. Ruprecht:** I am happy that you are improving on it, but I would like to know what you will be doing when you say we are improving on that system. Are you actually establishing these kinds of things?

**Hon. Mr. Timbrell:** We have been establishing more community mental health programs.

**Mr. Ruprecht:** Aftercare programs?

**Hon. Mr. Timbrell:** Community mental health, which is essentially aftercare, or pre-admission intervention to catch cases before they get to the point where they have to be admitted. There has been a significant injection of new programs and money into Metropolitan Toronto in the last year.

Those programs were announced a year ago September and they are, to the best of my knowledge, all now up to speed, along with the changes that we have been making at Queen Street. The acceptance of the CRC proposal back in January has taken a lot longer to get in place than we or they had originally envisaged because of the staffing needs and the training of staff. There is also the assessment unit which we established this fall at Queen Street.

Further, one would hope eventually to see more liberal zoning bylaws in the surrounding municipalities that will allow for the expansion out of your area, in particular, and the city of Toronto generally, to the whole of Metro for alternative housing.

**Mr. Ruprecht:** This is my final question on this part. You are saying you will actually be spending more money in the Queen Street Mental Health Centre for purposes of creating aftercare programs, meaning more public health nurses, more social workers. Can you put your hand on the specific amount of money that is being shifted to that particular need?

**Hon. Mr. Timbrell:** That is what I was addressing. Two years ago we spent \$10.5 million on community mental health programs. You may want to call them aftercare. Last year it was up to over \$13.5 million and this year it is over \$16.25 million. So each year there has been a significant—

**Mr. Ruprecht:** For Queen Street, I mean.

**Hon. Mr. Timbrell:** I am talking about

overall. Last year Queen Street got the biggest infusion that any area has ever had, with the infusion of \$1.5 million for those 21 programs I referred to earlier. That is the biggest quantum leap we have ever had.

**Mr. McClellan:** For what?

**Hon. Mr. Timbrell:** The savings on the Lakeshore Psychiatric Hospital were applied to new community development. That was the biggest infusion in any area at any time of the program.

**Mr. Ruprecht:** The other question I have, Mr. Minister, is about the surveys done by a Mr. Trainor. You might be familiar with him. When the hospital withdrew its services to find places for people who had left the Queen Street Mental Health Centre, he was part of the coalition formed through your ministry. You remember that whole “fiasco” when—

**Hon. Mr. Timbrell:** The problem at the time was that we were seen to be in the inspection and licensing, or at least approval, business, which of course we have no authority to do. It was that which led to some changes.

The role we have assumed is one of the establishment of the assessment team at Queen Street assessing our discharges and—in cooperation with the social services department, the building department or a voluntary agency—searching for appropriate housing. We were doing that sort of thing, but the problem was we were seen to be in an inspection, approval and/or licensing role which we have no authority to do.

**Mr. Ruprecht:** I guess the point here is Mr. Trainor did this survey along with the housing coalition—

**Hon. Mr. Timbrell:** What survey is that?

**Mr. Ruprecht:** I am referring to a few articles—one of them in the Globe and Mail here. He did the survey on his own, along with the housing coalition. I do not know how authoritative that survey is, but I am referring to the Globe and Mail, November 12, the article where it indicates that spaces for the mentally ill—

**Hon. Mr. Timbrell:** That is the article I was referring to the other day which I think is really potentially quite misleading. In effect, it says 10 per cent of the boarding home spaces that were in the city of Toronto in the spring, or a year ago, have since disappeared.

I suppose this is mainly because of the conditions in the real estate market about six



months ago, which made it more attractive to the owners to sell their buildings to other speculators, rather than bring them up to the standards demanded by the city building department and/or the health department. But it leaves the impression all those beds were occupied by ex-psychiatric patients. That of course is not true.

**Mr. Ruprecht:** You were saying, though, that you are quite in agreement with the Supportive Housing Coalition. You will fund—if I understood you the last time—at least 270 beds in the community.

**Hon. Mr. Timbrell:** The figure of 270 is theirs and where they got it, Lord only knows. With respect, everyone seems to have a different number.

**Mr. McClellan:** Be fair, Dennis. They identify their methodology and how they arrive at the figure.

**Hon. Mr. Timbrell:** What we have launched into, first of all, is the temporary accommodation—which I acknowledged yesterday is not perfect in that it is outside of Metro—in Whitby and Ajax. There is also the proposal call which will be issued in the next week for 120 beds in Metro under the intermediate homes for special care program.

Along with the work of the assessment unit we will in the coming months, as we get more and more into this, have a better fix on whether 120 or 220 or 320—whatever—would be the appropriate number to assure ourselves that in Metropolitan Toronto discharged patients in need of a more supervised, structured setting in a home for special care would have access to it.

**Mr. Ruprecht:** Did you see this Blueprint for Action the Supportive Housing Coalition put out?

**Hon. Mr. Timbrell:** I have seen something called that. I have not seen that form though.

**Mr. Ruprecht:** But you are familiar with it basically?

**Hon. Mr. Timbrell:** Yes.

4:40 p.m.

**Mr. Ruprecht:** Would you say you basically agree with these recommendations?

**Hon. Mr. Timbrell:** I have some concerns about the tone of the coalition. Some of the written documents get to the point where they sound more like mini-institutions, whereas we are talking about people who are discharged patients, people who are free to come and go.

**Mr. McClellan:** Are we not talking about chronic patients?

**Hon. Mr. Timbrell:** Not necessarily.

**Mr. McClellan:** The recidivism rate is high—

**Hon. Mr. Timbrell:** In the sense people who are admitted are on the roll, no. In some cases—

**Mr. McClellan:** I think in clinical terms you would agree when we are talking about the 270 beds, most of the people we are talking about are—

**Hon. Mr. Timbrell:** I do not think that is what they started out to say. The tone that comes through suggests many institutions of people who are patients on the roll, as opposed to providing alternatives to people who have been discharged and have the freedom to choose.

**Mr. McClellan:** What are you proposing? I will be coming back to this—not to interrupt.

**Hon. Mr. Timbrell:** The homes for special care we are talking about; they would be directed to and have access to them, but if they did not choose to they would not be required to use them.

**Mr. McClellan:** I do not see any coercion in the coalition's proposal.

**Hon. Mr. Timbrell:** No, I am not suggesting they are talking about coercion.

**Mr. Ruprecht:** You are suggesting, Mr. Minister, that just because people are discharged you are washing your hands of any responsibility for them. That is the tone I am getting. Correct me if I am wrong.

**Hon. Mr. Timbrell:** Well, I think you are. We would not have established the homes for special care program back in the 1960s if we did not accept that some people need some form of ongoing supervision. I accept that.

The difference is they are no longer patients. We cannot force them to stay in the program. Obviously, if they are voluntary patients in psychiatric hospitals we cannot force them to stay, unless we have a voluntary patient who, somewhere along the way, the physician decides should be certified and kept as an involuntary patient.

**Mr. Ruprecht:** That brings me to probably one of the most important points. Are you giving an option to every person who is leaving an institution by saying: "Look, we have a program for you. If you want to join this program, if you want to have some support in finding housing or finding some support services, or finding some supervision..."? Are you saying that to these people?

**Hon. Mr. Timbrell:** I think we have a responsibility for effective discharge. I think we have a responsibility for—

**Mr. Ruprecht:** Are you doing that? That is the question.

**Hon. Mr. Timbrell:** I think so. I acknowledge that because, for a variety of factors that have come into play in Metro in the last year, there is room for improvement, which we are moving on. I think we have a responsibility for people in need of high or ongoing supervision. We have a responsibility to make sure there are programs available that will provide—

**Mr. Ruprecht:** Will that be your goal—

**Hon. Mr. Timbrell:** Yes.

**Mr. Ruprecht:** —to provide either some programs or housing for the people you are letting go or discharging from the institution? That is your goal. That makes me very happy. You do not know how happy that makes me.

**Hon. Mr. Timbrell:** It seems to me it breaks down into maybe three or four categories. The individual who has no need for continuing supervision or support will go back home; that is, the bulk of the people. For the individual who has need of some moderate occasional counselling support then it seems to me it is our responsibility to see there are community mental health projects in the community and outpatient programs to which they can refer and which they are aware of as needed.

**Mr. Ruprecht:** Did you say that is your responsibility? Did I hear you right?

**Hon. Mr. Timbrell:** Yes. For those who have high support needs for ongoing supervision and more structured setting, it seems to me we have a responsibility, which we have accepted over the years as evidenced by the homes for special care program, to see their needs are attended to.

**Mr. McClellan:** Needs with regard to what? Can I stop you at that point?

What do you mean by high support in a home for special care? Does that assume there is some kind of program, some kind of supportive service provided as part of the home for special care arrangement? That is what it is not.

**Hon. Mr. Timbrell:** No. This is what we mentioned yesterday. The assessment of the psychiatric component of the homes for special care program is about completed. The first part of the assessment on the mental retardation component of the homes for special care was completed last year.

That is one of the points we are going to have

to address, whether the homes for special care are more than the supervised housing—

**Mr. McClellan:** It is a custodial facility.

**Hon. Mr. Timbrell:** —the availability of people to whom to relate with concerns or with problems, or whether you go the route of having that aspect of supervised housing and a program on the same site. At this point we have not. That is why we have them.

**Mr. McClellan:** So homes for special care are basically—

**Hon. Mr. Timbrell:** Housing.

**Mr. McClellan:** That is right, supervised housing. But you are not saying you accept that as an adequate description of high support services?

**Hon. Mr. Timbrell:** In the sense of the availability: people are on site to assist in day to day living problems and in the direction to some of these other programs I was talking about; its outpatient or community mental health programs. We shall come back to that soon.

**Mr. McClellan:** Just one final question to make something clear. You are actually making or have made a commitment to supply how many beds in the Metropolitan area? I wanted to get that clear for my own information.

**Hon. Mr. Timbrell:** There are going to be 60 temporary beds at Whitby.

**Mr. McClellan:** For the Metro area?

**Hon. Mr. Timbrell:** It is for Metro, yes.

**Mr. McClellan:** That is not Metro. Whitby is not in the Metro area.

**Hon. Mr. Timbrell:** I do not know whether you were here yesterday when I said that before we decided to use the vacant cottages at Whitby we beat the bushes looking for facilities right in Metro, specifically in the city, that could have been used for a large number of people. We could not.

**Mr. McClellan:** Sherbourne Street.

**Hon. Mr. Timbrell:** I beg your pardon?

**Mr. McClellan:** We shall come back to that. Sherbourne Street was available.

**Hon. Mr. Timbrell:** We looked into that.

**Mr. McClellan:** Yes, you did.

**Hon. Mr. Timbrell:** Yes, and we could not have done that without a lot of renovations demanded by the city building inspectors. It would have been ready maybe next June.

The facilities are there at Whitby. We own them. It is just a matter of a dusting and cleaning

job to open them up and air them out and we can make the beds available. There are 60 there.

There have been some discussions with the nursing home operator at Ajax. I do not know if we have completed those, but there are some discussions about 40 more beds.

**Mr. McClellan:** I thought that had been completed.

**Hon. Mr. Timbrell:** No, I am sorry, I did not mean to leave that impression on those discussions.

A proposal call will be issued in this area within the next week for 120 intermediate level homes for special care beds in Metro. All right? Then, based on our experience over the winter, mainly through the assessment unit in the placement of the beds, we can in the spring determine whether we need to issue proposal calls for more than the 120.

**Mr. Ruprecht:** My final question, Mr. Minister, is about these 120 intermediate beds, as a first step to finding more.

Where is your ministry looking? I shall tell you first why I am asking this question. I think it is in our interest that we do not create one area where most of these people go to create a better environment; to go back to a normalized lifestyle. What happened, as you know, is there was an overconcentration in the Parkdale area. There still is by all reports and by my own experience.

**Hon. Mr. Timbrell:** But again I say to you, they are not all ex-psychiatric patients.

**Mr. Ruprecht:** Mr. Minister, obviously you may not agree. But I have personal experience in that area, along with Mr. Trainor, who comes from the Queen Street Mental Health Centre, and a host of other people, including Mary Stern, who is at Park at present. Every one of them will tell you, and will put their names on documents saying so, that the Parkdale area is a ghettoized area for ex-mental patients.

4:50 p.m.

**Hon. Mr. Timbrell:** Hold on. That is where I take issue. I recognize that the Parkdale area, for a variety of factors, has become the area of the city with the greatest concentration of boarding homes, bachelorette problems and everything else.

**Mr. Ruprecht:** We have solved the bachelorette problems.

**Hon. Mr. Timbrell:** What I take exception to is the notion that every time someone sees someone who is socially disadvantaged or in

some way eccentric, they think, "Oh, there is another ex-psychiatric patient," and you know that is not true.

**Mr. Ruprecht:** There might be something to that, but what I am saying to you is that these are some of the people who are working for your ministry who are making this claim.

**Hon. Mr. Timbrell:** One of the things I think we all have to address ourselves to, in the ministry and I hope as members and so forth, is to somehow try bit by bit to change the stigma that has grown up over the years about mental illness.

As I told you, I really took exception to the ways that some journalists in recent months wrote about the psychiatric issue, such as the newspaper reporter who said when she decided to go incognito into the Parkdale area, the first thing she did was to run grease through her hair and put on big pink glasses so people would think she was an ex-psychiatric patient. What a great way that was to either establish or reinforce a stupid stigmatization of people with mental illness.

Another instance was the article that ran in another paper that talked about the problems of firebugs and tried to relate that to ex-psychiatric patients, as if every person who has ever had a mental illness—this is irresponsible behaviour and I said as much to them; one of them reported it and the other did not. I think we have to be concerned about that, because the fact is that every reliable expert in the field tells us that one in four of our population is at some point going to have a mental illness and it is not something to be ashamed of.

**Mr. Ruprecht:** Mr. Minister, all of us would agree that this kind of stereotyped image is something we have to work on, to try to overcome that, but that is not at issue here. We are not talking about stereotype issues here. We are talking about numbers of bodies that are coming from one of your health centres located in one specific area.

The question I have for you is—and I am sure you agree too—if we can substantiate the claims that have been made by some of your own workers that there indeed is an overconcentration, would it not then make sense that when we are looking for these intermediary homes we should try to—and this is part, I might add, of the Blueprint for Action of the Supportive Housing Coalition—evenly distribute those kinds of housing or those kinds of beds in the city of Toronto and even in Metropolitan Toronto?



I guess what I am asking you is where will you be locating those 120 beds as a first step to finding more?

**Hon. Mr. Timbrell:** First of all, let us talk about what we have looked at. Before deciding to use the cottages at Whitby, we looked at existing boarding homes in the city for available spaces. We looked at the private sector to see if there were any empty unlicensed beds in nursing homes.

**Mr. McClellan:** You were expecting to find some in that area?

**Hon. Mr. Timbrell:** Oh, yes, there are a few. Some of them are homes they have overbuilt, in the hope that eventually more beds would be licensed. That is what I am thinking of; there are not many. We looked at unused schools.

**Mr. Van Horne:** If I may interject, obviously you did not find what you were looking for.

**Hon. Mr. Timbrell:** No.

**Mr. Van Horne:** Might I ask what criteria you used in your search? Were you concerned about the physical shape of the facilities, or what it might have cost to bring them up to par, or other factors? Are you saying you simply did not find anything vacant at all, or that what was vacant was inadequate?

**Hon. Mr. Timbrell:** We found very little that was of an acceptable standard.

**Mr. Van Horne:** Okay. Will you let me ask the question in a way that—

**Hon. Mr. Timbrell:** Or that could be brought on stream quickly enough. In looking at an unused school, for instance, when we are talking about wanting to be ready to cope with individuals who need assistance over the winter, you are looking at renovations that could go on for many months. We looked at buildings that the government owns, we looked at Sherbourne Street.

**Mr. McClellan:** When did you start?

**Hon. Mr. Timbrell:** We started during the summer.

**The Vice-Chairman:** Just allow the minister to give his answer to Mr. Ruprecht's question.

**Mr. McClellan:** I am sorry, but if you could include the time frame it would help.

**Hon. Mr. Timbrell:** We started in July and August and went on through September, and at the end of September or in early October—I cannot remember the date—I wrote to Mrs. Leonard. Prior to that we had reached this conclusion.

There was one apartment hotel in the west end of the city that at one point looked very promising; no renovations would have been required. I think we must have chased that down for a couple of weeks until finally, when we got right down to it, it was found the people who were already in there were protected by the Landlord and Tenant Act and there was no way that the facility could be readily available to accommodate any significant number.

We did pursue any number of possibilities and found that time just was not on our side, so that is why we went to a short-term solution.

**Mr. McClellan:** That is real planning.

**Hon. Mr. Timbrell:** No. I think if we had had plenty of time, if we had found anything that had any promise at all, it could have been done fairly quickly.

**Mr. McClellan:** The warnings go back to 1976; but again, we will come back to that.

**Hon. Mr. Timbrell:** As regards the proposal call, I guess I would have to say that in large measure is going to depend on whether the zoning in the various municipalities in Metro will allow either a nonprofit voluntary group or a private sector group to construct or convert facilities.

**Mr. Ruprecht:** Are you looking right now?

**Hon. Mr. Timbrell:** Yes. That is the proposal call which will be in the papers the week after next that will invite submissions.

It is our intention to maintain at Queen Street a list of available suitable accommodation for people who are being discharged in the city, so that will be going on.

**Mr. Ruprecht:** I would then assume that you would be fairly sensitive to not just selecting one area or simply placing an overload—

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** But that is not what you said. You said that the zoning situation will determine the location and at present Toronto city is the only borough that will accommodate these facilities.

**Mr. Ruprecht:** That is not what the minister said earlier.

**Hon. Mr. Timbrell:** In some of the boroughs you do have institutional zoning on some lands where they could propose to either add a number of beds to an existing facility for the intermediate home special care program or construct a larger home.

**Mr. McClellan:** You can see it is a serious problem.

**Hon. Mr. Timbrell:** Yes, and that is why those of us who are out in the suburbs have been pressing our councils to change their bylaws, as I am sure you have too, although your riding is in the city.

**Mr. McClellan:** I have been pressing the provincial government to change the Planning Act.

**Mr. Ruprecht:** Is it possible then, Mr. Minister, as you have indicated earlier, that there would be a person here who could give us some—

**Hon. Mr. Timbrell:** I said when we got to the psychiatric services vote I would try to get someone from the social development secretariat who has been working on the zoning question, and I hope someone has made that contact already.

**The Vice-Chairman:** I would remind members the psychiatric services vote is the second item under vote 3202. It is possible we could get to it tomorrow, but we should perhaps consider some of the other items under 3201.

**Mr. Ruprecht:** My final point, Mr. Minister, is the suggestion that was made a long time ago but again can be found in some articles in the newspapers.

There is a psychiatrist at the Clarke Institute in Toronto—and this is a quote from November 12; it is a very recent quote, even though a lot of us had been aware of this before—who is very critical of the provincial government for failing to have a single ministry or agency taking responsibility for mental health patients discharged into the community. Would you be—

5 p.m.

**Hon. Mr. Timbrell:** What is that supposed to mean?

**Mr. Ruprecht:** That means I would like to ask a question. Would you be in favour of pooling all the resources that are at your disposal and at the disposal of the social services ministry and create an agency that is responsible for every one of the persons discharged into the community? At present this is not being done. It falls under—

**Hon. Mr. Timbrell:** What does that mean? Does that mean that you keep a list, that somewhere there is a master list of every person who has ever been a psychiatric patient? Does that mean that, once admitted, always subject to—

**Mr. Ruprecht:** No, it does not mean that, necessarily.

**Hon. Mr. Timbrell:** What do you take that to mean? I do not know what that person meant when you read that.

**Mr. Ruprecht:** I take that to mean the same thing, basically, that the blueprint for action talks about here when they ask for a central agency that a person in need of housing, once he has been released, can call and go to and say: "I am in need of this service or of this kind of program, or I need this specific kind of help. Can you help me find housing, accommodation or programming?"

**Hon. Mr. Timbrell:** As I told you earlier, it is the intention that the assessment unit at Queen Street will be maintaining a list of available housing to assist people on discharge and will liaise with the social services department—which list of course will be available to them; in fact they could probably get a lot of information from it, and from the building departments for that matter.

Really, with respect, I am not trying to be cute about it; I do not know what that person meant by that. It sounds fine until you really have to ask, "What does that mean?" No, I am not contemplating taking the social services department into my ministry. I think if we ever combined the two departments you would have an unmanageable monster on your hands, far too big for anyone to effectively administer.

The Metro social services department I think is already very well plugged in to the existing aftercare services and to the existing psychiatric units. So to respond to that is very difficult without knowing what that individual meant. Who was it whom you quoted?

**Mr. Ruprecht:** The latest one, the one that is in the blueprint for action of the Supportive Housing Coalition.

**Hon. Mr. Timbrell:** No, the—

**Mr. Ruprecht:** The other one is a Dr. Wasylenko at the Clarke Institute in Toronto. He says, for instance, "The authority to deal with the problem is divided among four ministries: Health, Housing, Labour and Community and Social Services." Then he continues, and this is a direct quote, "This arrangement is too unresponsive, too large and too unco-ordinated."

**Hon. Mr. Timbrell:** I suppose one could argue that you could end up with a ministry for psychiatry, you could end up with a ministry for ageing, you could end up with a ministry for youth, and just cut across all those departments and say a housing component, social service component, health component—I do not know

how they could get labour in there—and maybe a legal component, would just slice across. I am obviously being facetious, that would not work.

I think we have in place the appropriate program to do it. It is impossible to respond to that quickly because it is too big.

**Mr. Ruprecht:** This is my last statement and then I will quit.

**Hon. Mr. Timbrell:** You have had six last statements.

**Mr. Ruprecht:** You want to know about this service.

**Mr. Chairman:** I will take you up on that.

**Mr. Ruprecht:** Yes, you can.

In this blueprint for action, Mr. Minister, they make it very clear what they want. It says here: "A mandated agency should be established, which would be responsible for operating a centralized intake service for community residential placement, as well as providing support, liaison and enrichment services for boarding homes and hospitals and public housing. This agency should be managed by a body which includes consumers, community groups and mental health professionals." In other words, sort of a unified approach.

**Hon. Mr. Timbrell:** We have this assessment unit established at Queen Street—

**Mr. Ruprecht:** That is what you are saying.

**Hon. Mr. Timbrell:** —which is maintaining lists of available housing, liaising with the social services department and back through the hospital. With respect, I think we are responding to that without setting up a whole new agency.

**Mr. Ruprecht:** You will be responding. Thank you very much.

**Mr. Chairman:** Thank you, Mr. Ruprecht. Mr. Van Horne, whose patience is inexhaustible, is next.

**Mr. Van Horne:** I just wanted to ask a question or two on the items further down. I am quite prepared to wait until item 1 is finished. I think we should get on with it.

**Mr. Chairman:** Thank you, Mr. Van Horne. As I pointed out, latitude is permitted to opposition critics on the first item of the first vote.

**Mr. McClellan:** Just a couple of points, because I would rather deal with psychiatric services under the vote rather than under main office, but it is appropriate to raise some concerns here.

Before I do, I thank the minister for providing the list of adult community mental health programs. It is helpful. This is an estimate, so it is nice to see budget figures attached. I do not expect you to provide budget figures for each of the programs, but perhaps you could give me the total budget for the very extensive list of programs that is provided here.

My problem remains that I do not understand the \$16.3 million under the community mental health adult facility that is buried in vote 3203, community health service program, item 3, health programs. I would like some breakdown of that \$16.3 million before we get to that item so we can tell how much of that money is spent on programs like the programs that are listed here, how much is spent in Metropolitan Toronto. Is it possible to break it down?

**Hon. Mr. Timbrell:** It is \$3.3 million.

**Mr. McClellan:** Three point three million dollars?

**Hon. Mr. Timbrell:** Plus. On the \$16 million, about one third of the community health budget is sessional fees for psychiatrists who are working in those programs. It is part and parcel of the budgets of community mental health.

**Mr. McClellan:** How much?

**Hon. Mr. Timbrell:** About a third, about \$5 million of the \$16.3 million.

**Mr. McClellan:** Is that northern Ontario money? What is the distribution of that money?

**Hon. Mr. Timbrell:** I am sorry, what was your question?

**Mr. McClellan:** Where is that money spent? Is that spent in any one particular part of the province, these sessional fees?

**Hon. Mr. Timbrell:** No. Maybe Dr. Lynes can give you the background.

**Mr. McClellan:** Let us leave that until we get to the vote.

**Hon. Mr. Timbrell:** There are 39 programs in Metro of the 121—

**Mr. McClellan:** Right.

**Hon. Mr. Timbrell:** —for which the 1981-82 spending Dr. Lynes gave me as being \$3,309,000.

**Mr. McClellan:** While we have Dr. Lynes here, it would probably just as easy to hear it now. Can you explain to me the \$5 million in sessional fees? What is that?

**Dr. Lynes:** That is paid to psychiatrists working in general hospitals throughout the province. There are about 40 hospitals receiv-



ing it and it is to pay for community activities that are not covered by OHIP.

**Mr. McClellan:** For example?

**Dr. Lynes:** Consultation to social agencies, staff supervision, program design and direction.

**Mr. McClellan:** Are there any particular parts of the province where that service is provided more intensively than in others?

**Dr. Lynes:** No. It is fairly equitably distributed all over the province.

5:10 p.m.

**Mr. McClellan:** The question I wanted to raise under the main office vote has to do with the subject the minister alluded to a session ago with regard to the structure of the ministry. I spoke to the question briefly last year, probably somewhat facetiously, but I think I should speak to it more seriously this year.

The issue is the ongoing conflict between institutional health services and community health services. It really is becoming—

**Hon. Mr. Timbrell:** Sorry. Between the what?

**Mr. McClellan:** The conflict between the two main divisions of your ministry—between institutional health services and community health services. It certainly is a perception that the two branches of the ministry are in a state of perpetual struggle. Both are attempting to deal with the development of community mental health services. When you read the briefing book, you find that both, as part of their terms of reference, have a responsibility for dealing with organizations like the Canadian Mental Health Association.

**Hon. Mr. Timbrell:** As a matter of fact, we are looking at some restructuring in the ministry. One of the areas we are looking to restructure, subject to approval by Management Board of Cabinet and so forth, will be to bring the institutional psychiatric services and the community psychiatric services together.

**Mr. McClellan:** I suppose that deals with it in some sense. I do not have a suggestion as to how to deal with it. There is always a serious problem with respect to the differing perceptions between people who have worked in an institutional context and people who are trying to develop services in an anti-institutional context.

I have spent a lot of time over the course of the last six years, looking at the same phenomenon within the Ministry of Community and Social Services. Within that ministry, it was possible to restructure things. Because of a greater familiarity with a community approach

and a community bias, it was possible to overcome, in some respects and in some programs at least, the institutional bias and to alter in a sense the balance of power within the ministry through a number of structural changes.

If you integrate institutional health services and community health services, adult community mental health services will probably simply be absorbed into the institutional framework as a sub-group or as a sub-branch.

**Hon. Mr. Timbrell:** I have to say, to be fair to my staff, you are not being entirely fair because—let me point to the general hospital at Peel. It is my staff who have taken the lead in promoting greater use of day surgery and outpatient programs in the hospitals.

I do not think I am being unkind to the general hospital field when I say there was a lot of resistance there. If my staff had not been persistent in promoting alternatives, we would not have made as much progress in that area as we have.

We are fortunate we have Mr. Cardiff, who is the director of the psychiatric hospitals branch, who comes from a lengthy general hospital background and has a very good overview of the system. I understand your apprehension, but I do not think—knowing what I do about the individuals involved and their own philosophy of community health care—your fears would come to fruition. Quite the opposite is going to happen. We will continue to see an improvement of outpatient and community mental health programs, along with the maintenance of the institutional programs required for that segment of the population requiring institutionalization.

**Mr. McClellan:** Again, I would perhaps deal with it more when we deal with psychiatric services, but the whole discussion going on with respect to how you fund support housing has to be a classic example of precisely what I am talking about. There is an institutional bias.

Look at the programs within the Ministry of Community and Social Services in 1981. They have achieved an enormous degree of flexibility with respect to the provision of different levels of service on the basis of different kinds of per diems—the kind of flexibility that is, with respect, light years away from the kind of approach your ministry seems to be able to take.

You have a critical situation with respect to—we do not know how many—people who are dehumanized. You have acknowledged a responsibility. You have invited proposals from the

voluntary sector and from the private sector as well. Yet you are locked into funding arrangements on the basis of one of your institutional programs, the homes for special care. Your per diems are set and fixed and you do not seem to be able to adjust your funding mechanisms to the realities of a community-based approach. That is simply symptomatic of the kind of thing I am talking about, and I do not say that out of any rhetorical sense.

It is true we have made enormous progress within your sister ministry, Community and Social Services, with respect to being able to deal with these kinds of problems, and also to deal with the accountability problems. But you are still saying: "We have our legislation; we have our per diems; they are"—whatever it is—" \$28.97 per day, and anyone who wants to vary that should basically go jump."

You are going to have enormous problems when you get to dealing with the private sector too when you put out your proposal calls. You are going to find your rigidity is going to act as a major barrier to success in your proposal calls.

**Hon. Mr. Timbrell:** When we are talking about the housing component, the intermediate homes for special care program, it is our belief the per diem is, in fact, reasonable to provide that. Where the difference comes is when people start to propose that over and above that there be certain program costs added in. All right?

**Mr. McClellan:** Yes.

**Hon. Mr. Timbrell:** It is that which leads some to conclude—and perhaps yourself—that the per diem is inappropriate. But for what it is intended to cover, at this point—unless we change the homes for special care program, namely, the housing—we believe that it is adequate.

**Mr. McClellan:** I see. That is other—

**Hon. Mr. Timbrell:** Each year, of course, it goes up, as do all the per diems.

**Mr. McClellan:** Other ministries—and all I can go on is my limited experience here over the last six years—but I have seen other ministries move to less reliance on institutions, perhaps more successfully in the field of juvenile corrections.

You will recall one of your colleagues—I guess it was probably Alan Grossman—quite successfully innovated the development of contract group homes as an alternative to custodial incarceration. Then the Ministry of Community and Social Services started to innovate as well.

What we are talking about is a certain degree of flexibility with respect to your funding mechanisms.

**Hon. Mr. Timbrell:** Again, with respect, when you are talking of a group home—these are the ones with which I have been associated within my constituency—you are talking about the housing component and a program component, part and parcel usually of the same organization. The HSC program is something we touched on a half an hour ago.

We are talking about housing. We are not talking about on-site programming. Now it may well be once we conclude our review of the HSC program we will conclude that in some cases there should be on-site programming. In that case, we would have to change our approach, probably along the lines of the kind of models you are talking about, if that is what we conclude should be the new direction.

5:20 p.m.

**Mr. Van Horne:** Excuse me, Mr. Minister. Is the new direction an extension of what you indicated you wanted to do—deinstitutionalize people?

**Hon. Mr. Timbrell:** No. Going back a couple of years ago we undertook to review our HSC program, which has two components. One is for the mentally retarded and one is for the psychiatric. We started with the MR, concluded it last year, and announced that in co-operation with Community and Social Services and Education, individual assessments were being done with respect to appropriate placement and educational programming.

The assessment of the psychiatric component of the HSC program has continued and is about finished. I have not seen it yet. It has not been finalized to the point that it is ready for presentation to the management committee of the ministry and myself.

Clearly, this is one of the issues we have to address. Do we continue to have an HSC program which is a housing program or do we have a housing program and service or activity component?

**Mr. McClellan:** With respect, just using the model you are talking about, the tri-ministry project for developmentally handicapped people in HSCs, I do not think you would have been able to deal with it at all if Community and Social Services had not had a pretty fundamental reorganization since 1977. It then had the flexibility to act as lead ministry, to put in additional resources, to get the assessments

done and then to start pouring funds into providing additional programs. Quite frankly, I do not think you have that capacity.

Your ministry is limited. I have only been critic for a short period of time and I am still trying to understand it, but I do not see anything in the structure indicating you have the capacity to do this. I continually hear from people in the field of this ongoing territorial argument between the two main divisions of your ministry.

Obviously there is a serious problem because you are contemplating some kind of a structural reorganization yourself. But I hope it simply does not mean the absorption of the community-oriented component into the larger, more powerful institutional component—it is more powerful in the sense it has history behind it and a huge chunk of the budget. Perhaps you could talk a little bit about the kind of reorganization you are contemplating?

**Hon. Mr. Timbrell:** As I said, we are contemplating putting the institutional mental health services and the community mental health services together under the same assistant deputy minister. As you know, we started earlier this year by appointing Dr. Heseltine as executive co-ordinator. Having done that, it seemed to make sense that we also make sure that Mr. Cardiff, Dr. Lynes and people in both community mental health and institutional report to the same ADM. This is what we are contemplating.

**Mr. McClellan:** I was going to ask about Dr. Heseltine. He was appointed after the organizational chart here was prepared, so he is not on the chart. I understand Dr. Dyer sent an organizational chart to the district health councils earlier in the year that had Dr. Heseltine reporting to him?

**Hon. Mr. Timbrell:** That is right.

**Mr. McClellan:** Is that what the arrangement is?

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** So where does Dr. Heseltine fit in on this chart which is printed in the annual report?

**Hon. Mr. Timbrell:** I will get this reprinted. October 1981 is the most recent organization chart of the ministry. Dr. Heseltine is shown in the mental health policy and planning office under Dr. Dyer. In effect, he reports to both ADMs inasmuch as he is, in his policy role, dealing with both the institutional and the community aspects of mental health care. He

also reports to the deputy and management committee.

**Mr. McClellan:** Is what you are contemplating at least analogous to—

**Hon. Mr. Timbrell:** Sorry, do you have your briefing book handy? Page five has the most up to date—sorry, it is already there.

**Mr. McClellan:** So that I understand, are you contemplating reorganizing the structure so mental health services are all together under their own assistant deputy? At least that is one of the options.

**Hon. Mr. Timbrell:** We are going to have to find some configuration that they will be with some other part of the ministry because we cannot—there are so many divisions that you cannot have an unlimited number of ADMs.

**Mr. McClellan:** I think there is sufficient experience to demonstrate that if you have a serious problem it is useful to collect your services together—even if on a temporary basis—under an assistant or associate deputy minister. This was done with developmental services in Community and Social Services between 1975-78, and with children's services within ComSoc between 1977-81. It is a way of making some significant progress.

**Hon. Mr. Timbrell:** I am somewhat hampered in that our proposals have not gone to the Management Board. I have not got authority to speak beyond what I have just told you.

**Mr. McClellan:** Well, if that is the direction you are heading, I think that it would be very helpful. I believe there are serious problems that need to be addressed.

I think you have an opportunity with Dr. Heseltine to do the kind of thing done within Community and Social Services with Judge Thomson. That in effect was a kind of royal commission conducted within the ministry by the judge and a process of implementation at the same time. Because of Judge Thomson's unique skills, talents and personality it was very significant.

I think the situation in mental health is sufficiently urgent that if you undertake the same kind of process you will find you are getting our support.

**Hon. Mr. Timbrell:** You will recall on occasion when it has been suggested in some quarters that we need to have a royal commission, I have said to them, "Look, we have had an inquiry conducted under the auspices of the Ontario Council of Health." One of their



recommendations was for more focus by the ministry on mental health services. We are acting on that on two fronts. One is the appointment of Dr. Heseltine, and the second is the reordering of reporting relationships within the ministry so we can get on with the changes in the system.

**Mr. McClellan:** There is one very important lesson I think your ministry could learn from the experience of Community and Social Services. One of the things Judge Thomson did was to be scrupulously fair about sharing all information, not just with members of the Legislature and opposition critics but with the constituency affected by his ministry—with the clients of the ministry, at least with respect to the agencies.

While we often teased the minister about the volume of studies, background papers, green papers and white papers, we were able to follow everything they were doing as closely as the staff within his ministry was. And if there were any questions with respect to gaps in information or interpretations of studies, he made his staff available for briefing sessions.

**5:30 p.m.**

This was not to say we were not tough in our criticism when we felt it was warranted, but we had an open process taking place over the course of four years that made the process acceptable. No one screamed for a royal commission into children's services because the information was being made public in the course of the internal ministry examination.

I have to say I find a different atmosphere with respect to your ministry and the dissemination of information. There is not the same kind of openness; there is not the same easy access to basic statistical data. It is difficult to get information because everything has to be routed through your executive assistant. It is not possible for me or my research people to phone staff and obtain relatively simple empirical data. Everything has to be routed through George and I am sure George has other things to do than answer my research assistant's questions.

This is simply symptomatic. I am not whining and carping about it, but it is symptomatic of an attitude towards the sharing of information that is a little bit disconcerting. If you expect to undertake an internal examination of problems within our mental health care system through some kind of process of reorganization and extra attention, do not expect us to be particularly supportive if we are not allowed to see what you are doing.

The Peat Marwick report, as far as I am concerned, is symptomatic. In Community and Social Services I was given an opportunity to read case material, operational reviews of children's aid societies and management consultant reports as a matter of common courtesy to the opposition critic. With your ministry the Peat Marwick report is a secret document that seems to be kept in the safe of the Queen Street Mental Health Centre. I exaggerate, but that is a fundamental difference.

Again, I just hope some of these problems can get resolved before you proceed too much further with the work Dr. Heseltine intends to do. Thank you, Mr. Chairman.

**Mr. Chairman:** Thank you, Mr. McClellan. Mr. Boudria was the next speaker on the list.

Je veux simplement indiquer, Monsieur le Ministre, que M. Boudria est intéressé de poser des questions en vue des services en français par le ministère de la Santé. Je voudrais savoir si vous avez une copie du Rapport Annuel en français. Peut-être c'est ce qu'il voulait enfin vous demander.

I am trying to be symbolic by using a little bit of French as the official languages to be used in committee. Mr. Boudria, who is absent, wanted to ask some questions on the first item of the first vote. If he does come back, I hope the members will not mind if he questions the minister after the vote.

**Hon. Mr. Timbrell:** Je répondrai aux questions de M. Boudria s'il retournera.

**Mr. Chairman:** Je vous remercie, Monsieur le Ministre.

The next speaker, I guess, is Mr. Van Horne who decided after all to ask a few questions on the first item.

**Mr. Van Horne:** Mr. Boudria will be delighted to know you will accommodate him if he returns. He had a question on an item on page 16, that is, the French language health services co-ordinator. I do not know whether or not he will be back.

I wanted to ask a question on the Ontario Council of Health. This is an advisory body and I am wondering if that body had had the opportunity to see what we saw as a proposed piece of legislation, that brought all kinds of wonderful letters of complaint, the health protection act. Does a thing like that go by the board?

**Hon. Mr. Timbrell:** No.

**Mr. Van Horne:** So it does not get involved at that level. That is really what I wanted to know.

**Hon. Mr. Timbrell:** They would get involved at the conceptual level, perhaps, in some subjects, saying that the ministry should do X, Y or Z, as with the task force on health care for the aged a few years ago. The implementation will be left to the ministry.

Even going back to the early 1970s, I do not think the council was involved in any of the original conceptual work on changes to the public health system. By the time I became minister we were at the point of a Canadian Public Health Association study on public health services in the province. It was already past the point of should we change or not; the question was how.

**Mr. Van Horne:** How is Dr. Holmes doing with this little study referred to on page 15 of the briefing book? There is reference there to strengthening and expanding the function of the Ontario Council of Health.

**Hon. Mr. Timbrell:** He has done a number of things. First of all he has significantly altered the committee structure. He has done away with most, if not all, of the standing committees of the council and has gone to task-oriented aspects of the council, with the exception of an executive committee.

He is trying to involve more volunteers outside the council than was previously the case. I met with the executive committee recently and suggested that one group they might reasonably keep in mind are the people who have recently retired as chairmen of the district health councils, because they have a good grounding in the provision of health care and could be suitable candidates to chair special subcommittees or task forces and so on. He is, as you know, a full-time chairman, having retired from the faculty.

**Mr. Van Horne:** This may be a sneaky way of getting at this health protection act, but if we cannot deal under this vote with how you come up with new legislation such as that, could you or the chairman indicate at what point we can? Is this the right place to discuss it?

**Hon. Mr. Timbrell:** I guess any place is as good as any.

**Mr. Van Horne:** Let us discuss it then. I received a hell of a pile of letters on this thing, and I am not sure where you are at with it now. Have you changed, amended or done anything following the complaints? I am sure you got them too, particularly from the nurses. There

were also concerns about autonomy, the chief medical officers, for example,

**Hon. Mr. Timbrell:** The concern of the nurses was that they are not specifically mentioned. I have written to them and indicated that would be done, that we would find a way specifically to refer to their role in the provision of public health. I am going to see, probably within the next week, proposals on how that can be done.

We have gone through an extensive consultation on this. The original decision to rewrite the Public Health Act was taken in 1967. This project has been under way for almost 15 years. The Public Health Act itself is over 100 years old, I guess.

**Mr. McClellan:** So when are you going to release it?

**Hon. Mr. Timbrell:** I had hoped to do that this fall and I might actually have met the deadline except for the postal strike. I sent out draft legislation—

**Mr. Van Horne:** I knew the feds would get blamed somehow.

**Hon. Mr. Timbrell:** I did not mention the feds, I just said the postal strike. I was not attributing blame.

5:40 p.m.

In July, we sent out the draft legislation for comment from the public health units and the municipalities. We had a very large conference in January involving the health units in municipalities. My staff have met with I could not tell you how many of the municipal councils and health units to address their concerns about what effect this will have on staffing patterns and on budgets for public health at the local level.

There are a couple of outstanding issues, including whether or not the medical officer of health should be the chief executive officer—and we have taken the position that he should be—and whether or not the minister's approval should be required to dismiss the medical officer of health.

**Mr. Van Horne:** Before you get too far into that litany, the Hamilton-Wentworth health board forwarded to one of your colleagues, Gordon Dean, 15 or 16 concerns or complaints they had with that legislation. Have those been responded to? Let me start a little earlier than that. Did he share that with you?

**Hon. Mr. Timbrell:** I believe so. Actually, I

think we were copied, so I do not think there was any need to.

**Mr. Van Horne:** Without getting into the detail now because it may not be at your fingertips, will you share with us the responses to those 15 or 16 points of concern they had?

**Hon. Mr. Timbrell:** If I could bring Dr. Suttie and Dr. Martin to the front, we can start to go through them one by one.

**Mr. Van Horne:** I feel this is a good use of the committee's time, given that every constituency in Ontario, certainly the people who are the medical officers of health in our district and those who are working with them, have some kind of concern or involvement with this proposed bill.

**Hon. Mr. Timbrell:** What is the first one you want?

**Mr. Van Horne:** The first one is, "Proposed draft legislation as important as this needs more in-depth examination by those who will be responsible for carrying it through."

The obvious criticism there is that those people out in the boondocks apparently were not involved enough in the preliminary stages.

**Hon. Mr. Timbrell:** If that is the intended inference, I just cannot accept it. Fifteen years is quite a long time to have been—

**Mr. Van Horne:** But that is the point they make.

The second point is, "The autonomy of the local health boards is being removed and replaced by the Minister of Health through the new chief medical officer."

**Hon. Mr. Timbrell:** That is nothing more, really, than a renaming of the chief inspector, who is Dr. Martin. Perhaps he would like to give some of the background to that.

**Dr. Martin:** I can add really very little beyond what you have said, Mr. Minister. The term in the present Public Health Act is chief inspector of health. The new term will be chief medical officer of health.

The duties, our legal colleagues tell us, must be spelled out in more detail than they were in the Public Health Act. I believe this section was inserted into the act in about 1892 and this is the only change. The intent, direction and thrust is identical to what is now being done under the chief inspector.

**Mr. Van Horne:** The next point is, "The mandatory health programs and services may become a financial nightmare for the taxpayers who pay the bill."

**Hon. Mr. Timbrell:** That is one of the health units that in the last fiscal year we identified as an undernourished health unit. We gave them five extra percentage points on their budget in 1980-81 to bring some of their public health programs up to reasonable standards. I recognize that is one where we pay 75 per cent of the costs of the approved programs and they pick up a quarter on the dollar.

In my response last Wednesday—either to you or to Mr. McClellan, I cannot remember—I acknowledged that the introduction of the mandatory core programs is going to increase spending on public health, which I would think everyone here thinks is a good idea. Recognizing the concerns in the municipalities and recognizing that in addition to fiscal concerns there are limitations of availability of staff for certain parts of the core programs, we have said that we will implement this over five years so as to cushion the impact. It would not come all at once. You could not do it all at once, anyway; the staff would not be available for that.

I am not for a moment denying there is going to be increased spending on public health. That is one of the things we are setting out to do, not for the sake of increase in spending but rather to raise the levels of service in public health to reasonable minimum levels of service from Prescott and Russell to Kenora.

**Mr. Van Horne:** I am not sure we are going to have time to accommodate these points, but the next point is, "The health core program package should not necessarily supersede health programs already in place."

Skipping over the complaint about public health nurses, they go on to another point that says—

**Hon. Mr. Timbrell:** Let us deal with that one.

**Mr. Van Horne:** The other one is related to it, I think. The number six point is, "The draft legislation is too restrictive and should be more flexible to accommodate changing community circumstance and individuality."

**Hon. Mr. Timbrell:** We are not talking about maximum levels of service. We are talking about reasonable standards of minimum levels of service, whether it is immunization, or continuing surveillance of the elderly, or dental programs, or whatever.

Any community that wants to spend beyond that is free to do so. The city of Toronto, in most respects, is already at or beyond the levels of service envisaged for the core programs. I do not think that once core programs form part of



the act they are going to reduce their services to those levels. They will continue to spend at levels beyond what the core programs provide.

**Dr. Martin:** This is an educated guess only, but we expect that core programs will probably be no more than 30 per cent of the total board of health's overall activities in its community. There is a lot of flexibility left in the remaining percentage.

**Mr. Van Horne:** The number five point is one that we have touched on and that is, "The public health nurse who is charged with the responsibility and the role of carrying out and implementing the new health program has not been recognized in the proposed legislation."

**Hon. Mr. Timbrell:** I met recently with a delegation of public health nurses in North York, who came to see me as the local member. There the concern is that they just do not want to find themselves, at some point down the road, being supplanted by some other, perhaps not appropriate, group. I have not seen the proposed way of doing it but I have said to them that we will find a way to enshrine somewhere in the Public Health Act the role of the public health nurse.

**Mr. Van Horne:** The seventh point is, "The position of the chief medical officer of health should have at least the same qualifications as those required for local medical officers of health."

**Hon. Mr. Timbrell:** That has been agreed to.

**Mr. Van Horne:** All right. Number eight, "The terms of office for chairman and vice-chairman of the boards of health should be at the discretion of the majority members of the board and should not be legislated."

**Dr. Martin:** I think it is the length of time they are talking about.

**Mr. Van Horne:** Point number nine, which follows along, says, "The limitation of six consecutive years for the term of office for provincially appointed board members should include provision for special consideration of an extension if the occasion arises." I gather they are looking again for that flexibility factor.

**Hon. Mr. Timbrell:** As you know, it is the stated policy of the government to limit appointments to agencies, boards and commissions, including public health boards, to six years. That is not carved in granite though and we do allow for one- or two-year extensions, particularly in the case of someone who is in a responsible position on the board as chairman

or vice-chairman and where it would assist in the orderly functioning of that board to let that person carry on for one or two more years.

5:50 p.m.

**Mr. Van Horne:** The tenth point is, "Consideration be given for an option in that act for boards of health to appoint both a medical officer of health and a chief executive officer, and that the chief executive officer need not require a medical degree since the area of involvement would be exclusively administration."

**Hon. Mr. Timbrell:** That is where there is a parting of the ways with some groups. It is our feeling the medical officer of health should continue to be the CEO and that the administrator should report to the board through the MOH.

**Mr. Van Horne:** Okay. You will like this one. This may be a good one to end on; perhaps we will get a very short answer from you. "The minister consider 100 per cent funding for the first four years of all chosen core programs of the local health boards."

**Hon. Mr. Timbrell:** No.

**Mr. Van Horne:** Number 12, "The terms of reference for the chief medical officer of health under the proposed legislation go beyond an advisory role and in doing so removes local autonomy. The chief medical officer's authority should exist only during an extreme health emergency and should revert to an advisory capacity outside such emergencies."

**Hon. Mr. Timbrell:** In the revised draft there is an indication that, as proposed, there be a proviso where I as minister have to direct the chief MOH to exercise those powers. I take it that is going a long way to meeting the spirit of what they are saying there.

If I may, the original draft provision was—

**Dr. Martin:** Simply that the chief medical officer of health, while he would be acting as your agent, had a fair amount of leeway into moving into a local scene. But certainly the feeling was, as requested in this letter, that this would only be done under extreme circumstances.

Historically, the function of chief inspector of health of the province, which is, as stated before, the similar position, has only been used under very exceptional circumstances, averaging about one in every seven years. The additional material that the minister has referred to will indicate specifically that the chief medi-

cal officer of health may only act in specific directions under the specific order of the minister.

**Mr. Van Horne:** It seems you have negotiated this; it seems to satisfy this point.

**Dr. Martin:** We would hope so.

**Mr. Van Horne:** The thirteenth point: "Determination of the medical officer of health as an inclusion in the proposed legislation is discriminatory and the setting of a precedent that will be expected in all civil servant categories." That is a lousy sentence, is it not?

"There is no justification that the medical officer of health should receive special preference and be included in the legislation;" that is the final statement in section 13. It does not make a whole lot of sense. Maybe we should skip that one and you can respond to it tomorrow.

**Hon. Mr. Timbrell:** Yes.

**Mr. Van Horne:** That is point 13 in the submission they made.

The fourteenth point is that, "Dentistry under the proposed legislation is too general in terms and gives no direction as to the intensity of such a program if implemented. If the program is to extend beyond the now basic preventive one then the extension funding from the province would have to be forthcoming."

**Hon. Mr. Timbrell:** Dr. Martin could comment on that. There was a group that worked for quite some time on developing the core program in dentistry, which is essentially a preventive dentistry program. Maybe they are not aware of it, or there is something else behind that comment. The core program that has been developed in dentistry is entirely preventive.

**Mr. Van Horne:** No further comment?

The next and last point is rather long. "The guidelines set out are too general in nature and not specific enough to determine the exact content required in the programs. Since both guidelines and regulations can be removed and changed frequently, the present format would not be acceptable.

"Example: Under the proposed inspection programs, the food handling programs for the people who are in the restaurant food business could become extremely expensive and involved under this setup. Inspections, as a rule, have never been involved in such a training program, nor do they have the staff or the funding to carry out such programs, which would be best provided through a community college course."

**Dr. Martin:** Mr. Minister, we found this comment extremely interesting because food handlers' courses have been held since the beginning of health units in 1945. In this particular area there were very strong food handler courses under the leadership of Dr. Clark, a past MOH.

We are talking here about short-term courses which are put on with audio-visual aids over a matter of a period of a few hours; we are not speaking of an intensive food handlers' program of months' or years' duration at a community college.

**Mr. Van Horne:** Thank you for the opportunity to present that and if we could get a quick response to the thirteenth point tomorrow, I would appreciate it.

I had one other question on this and I would like to leave it with the minister to have one of his staff provide the information. At the end of the election we had a concern brought to us by one of our supporters along these lines.

When it is not election time, considerable emphasis is put on the role of the district health council in regard to government spending. It seemed to the person coming to us with this complaint that during the course of the election the government did in fact commit itself to quite a bit of money without any reference to district health councils. The question is: could the minister give us an indication of how many dollars were committed by the ministry during the course of the election, dollars which had not been earmarked or allocated prior to the election?

I will leave that with you.

**Hon. Mr. Timbrell:** I can recall making only two announcements during the election—and I will check back. One was to do with the perinatal program, which I made on February 16 at Mount Sinai Hospital. That arose out of work which had gone on over a two- or three-year period, particularly involving a committee under the chairmanship of Dr. Paul Swyer of Sick Children's Hospital on the reproductive care. That was not something I just pulled out of the air.

The other one would have been the announcement of the change in the guidelines with respect to CAT scanners, which I announced at McMaster University Medical Centre on February 26. That arose out of the work of a task force of the Council of Health under the chairmanship of Dr. Ken Charron, which was appointed in the fall of 1979 and which had

reported to us in late 1980. So that again was not pulled out of the air.

Those are the only two announcements I can recall making during the campaign, but I will check back and see if—

**Mr. Van Horne:** It came to our attention after the election, in June. We have not responded to it. I simply put this in a file and chose to ask the question during the estimates. I thought it would be the appropriate time.

Item 1 agreed to.

**Mr. Chairman:** I just wondered whether you wanted to proceed with two or three of these items or leave them until tomorrow.

**Mr. McClellan:** I move we adjourn.

**Mr. Chairman:** Before you leave, I just wanted to advise you the clerk has to have this information.

We had decided earlier that on December 1, which is a Tuesday, we would be dealing with

three private bills, those of Mr. Kerrio, Mr. Williams and Mr. Sweeney. Because of the delay due to votes in the House, with the remaining eight hours and 33 minutes we will have to continue on Tuesday.

The minister would prefer that we complete the estimates of this ministry before we go into any private bills. So I would ask the members of the committee if on Wednesday, December 2, upon completion of the Health estimates, we could spend that particular day on the three private bills and notify the three institutions of this decision. Is it agreed?

**Mr. McClellan:** Assuming that we will be using our full allocation of hours on Health.

**Mr. Chairman:** Definitely, Mr. McClellan, assuming that.

Thank you committee. Meeting adjourned.

The committee adjourned at 6:04 p.m.



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Shymko, Y. R.; Chairman (High Park-Swansea PC)  
Timbrell, Hon. D. R.; Minister of Health (Don Mills PC)  
Van Horne, R. G. (London North L)

**From the Ministry of Health:**

Lynes, Dr. P. G., Program Manager, Adult Community Mental Health  
Martin, Dr. G. K., Executive Director, Health Programs Division



Ontario

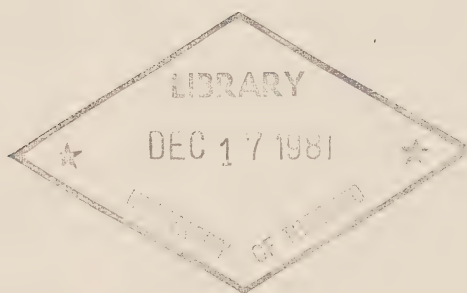
LEGISLATIVE ASSEMBLY

No. S-28

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Health



**First Session, Thirty-Second Parliament**  
Wednesday, November 25, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Wednesday, November 25, 1981**

The committee met at 2:14 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF HEALTH

(continued)

**The Vice-Chairman:** I see a quorum. Members of the committee will come to order. Before adjourning yesterday, we passed item 1 of vote 3201, so we now move on to item 2, the financial services function of the ministry. We will entertain questions from members.

**Hon. Mr. Timbrell:** Just before we start, Dr. Martin has just handed me something, and I have not had a chance to read it. Perhaps Dr. Martin should speak to it. It is to complete item 13 on the points raised by Mr. Van Horne yesterday.

**The Vice-Chairman:** We passed the item, but if the committee wishes, we can pursue this discussion for a few moments.

**Dr. Martin:** I might just read from the letter received from the Hamilton-Wentworth Health Unit. "The termination of the medical officer of health as an inclusion in the proposed legislation is discriminatory in the setting of a precedent that will be expected in all civil servant categories. There is no justification that the medical officer of health should receive special preference in being included in the legislation."

This, sir, has to do with your question about approval being required by any board wishing to terminate the services of a medical officer of health.

**Hon. Mr. Timbrell:** It is a philosophical point. As you may know, there have been several instances in recent years where boards have wanted to disengage the services of their MOHs. There was one case in Etobicoke where that happened and they made a settlement with their MOH. He then moved on to become the MOH in the St. Thomas-Elgin Health Unit, which is near you, Mr. Van Horne.

More recently, there have been a couple of cases, the Kingston, Frontenac and Lennox and Addington Health Unit and the Lanark, Leeds and Grenville Health Unit, where the boards have wanted to dismiss their MOHs. In both

cases I was asked for my approval. I asked for independent studies, both of which said that dismissal was not appropriate; they gave chapter and verse of why it was not appropriate.

At this point, in the absence of any good arguments that I have heard, I would propose retaining that authority. Sometimes the MOHs have to get involved.

**Mr. Van Horne:** Obviously the argument they are trying to use here is that it sets a precedent for all civil service categories.

**Hon. Mr. Timbrell:** It has been in the Public Health Act, Mr. Van Horne, since 1924.

**Mr. Van Horne:** So it was already established.

**Hon. Mr. Timbrell:** Yes. It is not new. I think it was put in by the first Minister of Health, Dr. Godfrey.

**The Vice-Chairman:** I trust that satisfies your inquiry, Mr. Van Horne.

**Mr. McClellan:** I have a technical question to ask. Under vote 3202, item 2, psychiatric services, I wonder whether the ministry has the 1980-81 actual available before we get to that vote and item. I ask because it states in the estimates book that the 1980-81 estimate for psychiatric service was \$228.5 million. However, in an article in the Toronto Star of November 19, Miss Rimstead of the ministry is quoted as stating that the expenditure on psychiatric hospitals was \$243.6 million for 1980-81.

Could you obtain a confirmation of that figure and any other actuals that you have before we get to vote 3202, item 2? It is always helpful for the committee to know because it is impossible to estimate what kind of increase is being given to different programs within the ministry unless we know how the actual expenditure compares with the estimates.

**The Vice-Chairman:** That is a very good point, Mr. McClellan.

**Hon. Mr. Timbrell:** Perhaps I can find it here in my own book.

**Mr. McClellan:** It would include \$73 million for homes for special care.

**Hon. Mr. Timbrell:** I am looking on page 53, which shows the actual at \$243,583,299.

**Mr. McClellan:** Thank you.

2:20 p.m.

On vote 3201, ministry administration program; item 2, financial services:

**Mr. Van Horne:** Mr. Chairman, I have a note which was given to me from our Liberal head office. A gentleman called us this morning because an OHIP cheque that he mailed in October had not yet cleared his bank account. He called the OHIP office and was told they were "so far behind they were still clearing September cheques"—not October, but September cheques.

The question put to us was that this backlog must involve millions of dollars. The caller could understand a backlog in paperwork, but not a backlog in cheques. What is the reason for this? I understand from the description on pages 20 and 21 that this is the appropriate place to ask that kind of a question.

**Hon. Mr. Timbrell:** I think it would be under health insurance, which is the fourth vote, 3204.

**Mr. Van Horne:** The description reads: "The branch is responsible for the ministry's control-ship function in the processing of payments and receipts, for the ministry's payment systems, for the ministry's accounting records and for the collection and refund of OHIP premiums." That is the description I have. If it is raised more properly at a later time, fine.

**Hon. Mr. Timbrell:** It would be. The assistant deputy minister responsible for OHIP is not here yet because he realized his was the fourth vote. Perhaps you could put that to one side and raise it when Mr. LeNeveu is here.

**Mr. Van Horne:** That is the only question I have on it.

**The Vice-Chairman:** Is it agreeable to you, Mr. Van Horne, that we address that when we come to vote 3204?

**Mr. Van Horne:** If someone would alert me to it. I expect to be here all the way through, but in the event I am out of the room at that point, I do not want to see you slip by it.

**The Vice-Chairman:** No, we will certainly keep you in mind.

**Mr. McClellan:** I do not have anything until item 9.

Item 2 agreed to.

Item 3 agreed to.

On item 4, personnel services:

**Mr. McClellan:** I do have one question under personnel services just as a matter of profes-

sional curiosity. The minister may not have recalled the brouhaha about the directive from the Civil Service Commission last year with respect to provincialism as it affected hiring practices and personnel practices. It created a real hubbub in the social service sector and in the Ministry of Community and Social Services. In a nutshell, does your ministry advertise for professional social workers with a request for degree qualifications?

**Hon. Mr. Timbrell:** I cannot recall. Dr. Dyer perhaps can contribute to that since it is more in his area than in mine.

**Dr. Dyer:** The hiring policy is not to spell out specifications in terms of academic qualifications unless that is a requirement by regulations, such as a medical officer of health or something of that nature. Otherwise we say what the job specs call for and hope to get a variety of applicants.

**Mr. McClellan:** I am just trying to figure out whether there is any market for me once I am out of here.

**The Vice-Chairman:** A positive attitude is very important in this instance.

Item 4 agreed to.

On item 5, information services:

**Mr. Van Horne:** If I may ask the first question, that is the area wherein you account for your advertising, is it not, Mr. Minister?

**Hon. Mr. Timbrell:** Yes. We reorganized last year and combined health promotion and the information branch.

**Mr. Van Horne:** I had a question on the Order Paper which was responded to on June 22, 1981. You will recall all ministers were asked about their advertising. Your response was that the Ministry of Health budget for advertising for the fiscal year ending March 1980 was \$1,263,900. The advertising budget for March 1981 was \$2,169,600, which is a significant increase, and one cannot help but observe that there was an election thrown in there. Other than the timing of the election, what accounts for that increase?

**Hon. Mr. Timbrell:** We have been getting into more and more promotional activities, like the "Health begins at home" campaign, which is done on billboards and in transit advertising. Over the last few years we have increased our efforts in other lifestyle advertising with such things as, "You call the shots," "You are your own liquor control board," and that sort of thing.

There is more activity on the health promo-

tion side through the food-for-health programs in the high schools, which we are changing this year, as you may know. We are changing the format on an experimental basis. Depending on the success of that, perhaps next year it will be done province-wide. We are doing more of what everybody has been saying we should be doing in the health promotion area.

**Mr. Van Horne:** Will the increase for next year be significant?

**Hon. Mr. Timbrell:** The increase, year over year, is \$318,000. In the change I mentioned in the food for health program, we have scaled back for this year by zeroing in on just the central-west region with a new format. If we find that it is successful, next year we will be gearing up for more. That figure would also have included the cost of a lot of printing in the last year of reports and various things.

**Mr. Van Horne:** I have no other questions, Mr. Chairman.

Item 5 agreed to.

On item 6, analysis and planning:

**The Vice-Chairman:** This includes the policy development branch.

**Mr. Van Horne:** Previously I asked a question on immunization, particularly as it relates to measles. Is this the proper area for a question on immunization?

**Hon. Mr. Timbrell:** That would come under community health services.

**Mr. Van Horne:** Not under policy? Is your support staff here to respond?

**Hon. Mr. Timbrell:** If you want to raise it now, go ahead.

**Mr. Van Horne:** I asked in my opening statement if there was any basis for the suggestion put to me in the form of a question by a person from eastern Ontario that there was some form of immunization coming on stream that is of an oral type rather than the injectible type.

**Hon. Mr. Timbrell:** I am told that there is not.

**Mr. Van Horne:** Then going back to the question I put to you in the House on the measles vaccine, and also to the statement I made here, you have had time to make an assessment. What is your reaction to the cost factor we tried to draw out in the statement, that is, the cost of immunizing versus the cost of hospital care for those young people who may have had measles so severely that there was some after effect which required their being

hospitalized? Beyond your reaction to that, what about mandated immunization prior to entry into our school system?

**Hon. Mr. Timbrell:** Let us look at what exists now. There are in a number of the health unit jurisdictions in Ontario some very high levels of immunization, in the 90 per cent range. In others, regrettably, and I am not going to try to point a finger at who would be responsible for this, the levels are down in the low 60s or something like that. I am not just talking about measles; I am talking about measles, polio, et cetera.

2:30 p.m.

It was decided that this year we would institute the new school entry program to require parents, on the entry of their children into the system, to provide immunization histories. Dr. Martin might want to tell you what the reactions have been to date. I saw recently that a couple of boards of health were reporting much higher levels of immunization than they expected, but they found that there was a lack of documentation that had to be overcome in order to prove this.

**Mr. Van Horne:** You will have to run that by me one more time.

**Hon. Mr. Timbrell:** I saw some clippings just last week, reports from a couple of the health units, indicating that their experience this year with the mandatory provision of documentation of immunization status on entry has shown that the levels of immunization among the children in the system are higher than they had suspected would be the case, but that there was a deficiency of documentation. In other words, when they really got down to it and traced the documents, they found many more were immunized than they had expected.

As I indicated to you in in the House, we have under review at this moment the specific question of whether entry into the school system, or re-entry at some point, should be contingent on having been vaccinated with the MMR vaccine for measles, mumps and rubella. I think in the medical community generally there is support for that.

I read into the record last week a letter on the question from the Christian Scientists which had arrived at my office just a day or so after your initial remarks. They highlighted what for them, and for similar groups in Ontario, were very serious philosophical and/or religious beliefs about this issue.

It is interesting that they had a comment on



an earlier proposal I had made last year that perhaps, on entry of their children into the school system, parents would have to sign one of two forms, either granting permission through the school system to the health units to bring the child's immunization up to full strength, or completing a form of waiver saying that they accept the responsibility for not allowing immunization in order to accommodate personal and/or religious convictions. They supported that.

In my own mind I do not think one can separate the question of measles vaccinations from other areas because obviously the cost to the health care system for a person who has contracted poliomyelitis can be just as great, if not greater. In recent days there have been articles in the press about victims of the last major polio epidemic in the 1950s. They were not directed so much to the cost to the health care system as to personal costs, the social costs brought on by that epidemic.

I do not throw this out as a red herring, but at some point we are going to have to come to grips with the question of fluoridation, whether or not that should continue to be voluntary. I think all the reliable scientific evidence points to the efficacy and the benefit of fluoridation, but it continues to be voluntary and it becomes a significant political issue from time to time as your colleagues in Kitchener-Waterloo will tell you.

As I indicated to you in the House, we have the measles situation under review and I think there is fairly broad support for backing the medical community. In my review of it I will certainly be putting the question to our people, what about polio and what about other vaccines?

**Mr. Van Horne:** The report that we made reference to, the one from the Canadian Paediatric Society, we felt added considerable substance. I do not know the process you go through; I am sure you have all kinds of expertise from which to draw. But when I see evidence such as this, it strikes me that what you started with last year, that is, the immunization form and the requirement that it be initiated with the youngster's entry into school, are not nearly as adequate as the immunization program itself. If you have evidence such as we apparently have from the United States and supported by the Canadian Paediatric Society, and when you have experts here telling us that we should not leave it as an option, but that it should be

mandatory, I do not know how you get around or avoid the issue. You say it is under review.

**Hon. Mr. Timbrell:** I am not trying to avoid it. There are experts who say that fluoridation should be mandatory. The Ontario Dental Association and, I believe, the Royal College of Dental Surgeons of Ontario are on record as saying fluoridation should be mandatory—no more option. There are experts on record saying that polio vaccination should be mandatory. Then you get into the argument of whether it should be the saline or Salk vaccine and that sort of thing. Those arguments are there. I guess you were not here when I responded to that particular point after Mr. McClellan asked me to do a short dialogue on it.

My own view is that in Ontario, regardless of who has been in power, it has been our tradition in matters of public health and safety that we always try the educational, voluntary route first. If we cannot make that work, then we go to the compulsory. At this point I have not seen, although I have indicated I want to see, the results from the health units and the school boards of the introduction of this year's program. Before making a decision, I want to see them in conjunction with asking why we should just do it for measles and not for these others. I am not trying to avoid it. This problem is not going to go away.

**Mr. Van Horne:** That is the only question I had here.

**The Vice-Chairman:** Are there any other questions on item 6?

Item 6 agreed to.

Item 7, legal services:

**The Vice-Chairman:** Are there any questions, gentlemen?

**Mr. McClellan:** I just have one question. Do you have any outstanding—

**Hon. Mr. Timbrell:** Lawsuits?

**Mr. McClellan:** —unresolved complaints between the Ministry of Health and either the office of the Ombudsman or the select committee of the Ombudsman?

**Hon. Mr. Timbrell:** Probably. They are coming and going all the time. Particularly in the last year or so it has been verified that the Ombudsman has the right to look at Health Disciplines Board matters. I could not give you a number, but there are bound to be outstanding inquiries there or in relation to psychiatric patients. In fact, the frequency of calls the Ombudsman is—

**Mr. McClellan:** I am not talking about complaints that are in process because there are always a dozen or 100 or whatever number in process.

**Hon. Mr. Timbrell:** Yes, that is right.

**Mr. McClellan:** What I am talking about is a specific category of complaints wherein the Ombudsman has made a formal recommendation under section 24, his recommendation has been denied by the Ministry of Health, and he has then referred it to the select committee for its intervention. Your ministry has had a very good record with respect to Ombudsman complaints and cases in that category.

**Hon. Mr. Timbrell:** Thank you.

**Mr. McClellan:** I have not been on the committee for six or seven months, but I just wondered whether you are maintaining that record.

**Hon. Mr. Timbrell:** I think so. The only one which comes to mind, although I do not know whether this would be classified as an outstanding item, is the Dr. Claude McDonald matter which has been going on for a long time. I guess that may be more outstanding with the committee of the House than with the Ombudsman. We asked the Ontario Council of Health to conduct a review of the staff privileges and procedures. We sent that report to the committee. I hope you got it.

2:40 p.m.

**Mr. McClellan:** As far as I recall, you had satisfied the requirements of the select committee with respect to that matter. That is my recollection.

**Hon. Mr. Timbrell:** Yes. I guess the conflict was more with some members in the last parliament, like Mrs. Campbell, who apparently felt that admitting privileges should be on an open basis; in other words, any doctor should be allowed to practice in any hospital and there should not be any selection process. I am not aware that any members of the present committee are of that view. There is not one that springs immediately to mind, which is not to say—

**Mr. McClellan:** Perhaps you could review that.

**Hon. Mr. Timbrell:** —I may think of one.

**Mr. McClellan:** As I said, your record was very good and contrasted favourably with certain other ministries. It speaks well of the ministry.

**Mr. Van Horne:** May I interrupt? Is this the place to ask about the people who are referred

to criminally insane institutions and the legalities of their being moved from there to some other place?

**Hon. Mr. Timbrell:** It is as good a place as any, although that really would come up later under psychiatric services. You can ask it here because the procedure, as you know, is that the case of every person who is being detained under a Lieutenant Governor's warrant is reviewed at least once a year by the advisory review board. Then they send in a report to me with the documentation, including the comments of two psychiatrists, along with case histories.

The procedure is that I then read them, and I can assure you I do read every one of those reports, and they are voluminous. I decide whether or not I am going to support the recommendations they have made to me, sign them accordingly and send them on to cabinet, which then reviews the recommendations. Obviously every member of cabinet is not going to sit down and read every file, although if members question an item, the file is available to them because they are bound by the same oath of secrecy I am. Once it has passed cabinet, it goes to the Lieutenant Governor.

**Mr. Van Horne:** I have been given a letter by my colleague John Eakins, a letter directed to him by a patient and, I guess, properly called an inmate.

**Hon. Mr. Timbrell:** No, patient.

**Mr. Van Horne:** I am reluctant to read the gentleman's name publicly, but if that is the procedure I will. Have these names been read into the record before?

**Hon. Mr. Timbrell:** Not usually.

**Mr. Van Horne:** I think I would be wise not to. In the letter there is an indication that you and the Premier were contacted. I will share this letter with you afterwards and ask if you might give us some indication of what happened when you or your staff reviewed it, in fairness to this gentleman and to my colleague Mr. Eakins, who can respond to him.

**Hon. Mr. Timbrell:** I should say to you that in addition, of course, the Ombudsman, as I mentioned just a few minutes ago, from time to time is contacted by these individuals. There is a very good relationship established between us.

**Mr. Van Horne:** I have been on the Ombudsman committee for a few months and I am starting to get a grasp of the type of cases they get frequently. I understand that is one of them.

**Hon. Mr. Timbrell:** I just want to make the point that the Honourable Mr. Morand, the Ombudsman, and the Honourable Mr. Justice Haines, the chairman of the advisory review board, have established a good working arrangement, so there is the access and they can work together. I think it is working out, but if you want to give us that—

**Mr. Van Horne:** I will give it to you right now with the request that someone photocopy the cover page, so at least I have some record of the fellow's name. That is the only question I had in that area.

**Hon. Mr. Timbrell:** Perhaps I can get somebody to check into it now.

Item 7 agreed to.

On item 8, audit services:

**Mr. McClellan:** What is the relationship of this audit branch with OHIP?

**Hon. Mr. Timbrell:** This is the branch that does internal audits.

**Mr. McClellan:** Of the ministry?

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** Does it include the OHIP program?

**Hon. Mr. Timbrell:** No. It would be, for instance, that branch that did the work on the labs which over the last five or six years has led to a variety of prosecutions and recovery of funds. It would be that branch that did the audits on some of the children's mental health centres, when they were in our ministry, which led to certain matters being resolved.

**Mr. McClellan:** Just out of curiosity, how are OHIP billings audited? Is it on the basis of a random sampling?

**Hon. Mr. Timbrell:** Perhaps Mr. LeNeveu, who is the ADM responsible for health insurance, can answer that.

**Mr. LeNeveu:** There are a number of techniques. One of the obvious ones is that at times we get inquiries or letters from various individuals to look into certain circumstances. Probably the most systematic and the most effective technique that is used is to send out random letters to various citizens in Ontario on a sampling basis, saying that the following services were rendered and asking them to comment on those. We get information back that way. Finally, we have a system of just basically printing up profiles of services, which we are refining and developing and trying to improve. We have some idea of what the norm is for a

general practitioner or an ophthalmologist or whatever, and we study individual profiles in the context of those norms, identifying problems and then working with the medical review committee under the College of Physicians and Surgeons of Ontario.

**Mr. Clellan:** So you would get printouts of deviations from your norms.

**Mr. LeNeveu:** Yes. It is hard work because the norm is a relatively broad term. But that is right; that is the way we try to work at it. Basically, those are the three approaches.

**Mr. McClellan:** What happens when you get a printout of the deviations from the norm? What do you do then?

**Mr. LeNeveu:** That would be discussed, and if there seemed to be a problem, we would approach the college of physicians through a special committee they have. They would look at the information as well and might send an inspector. They have inspectors across Ontario—actually they are medical practitioners in various specialties across Ontario—who examine the practice of a physician in question. In turn, they would make the recommendation to the college which would then be in touch with us as to the course of action deemed to be appropriate.

**Mr. McClellan:** In the course of the past fiscal year, how many times would that process have been triggered with some determination of an irregularity?

**Mr. LeNeveu:** I do not have the numbers in my head, but it would be in the order of 100 or so.

On item 9, research:

**Mr. McClellan:** I had a question there.

**The Vice-Chairman:** Mr. McClellan and then Mr. Van Horne.

**Mr. McClellan:** I am curious to know whether the strategic research in the manpower planning branch has commissioned any studies on user fees or any studies of any kind.

**Hon. Mr. Timbrell:** No, we have not done any ourselves. I think it came up in the House some time ago, and I indicated to you that the only study as such was a telephone survey of people in the ministries or departments of health of the other provinces to find out just what they do. Did I not say that? I think I gave you a copy.

2:50 p.m.

**Mr. McClellan:** Yes, but I am asking again. Let me put it another way. Is anybody in the



research branch doing, or doing through a contract, what could be described as a market research study of consumer attitudes towards health delivery and health care, including a series of questions on opting out, extra-billing and willingness to pay user charges?

**Hon. Mr. Timbrell:** Dr. LeBlanc tells me no; he is shaking his head now. When you raised it before, he told me no. But as you know, there have been a number of studies outside of government in the last couple of years.

**Mr. McClellan:** Are you aware of anybody who is conducting market research because somebody is?

**Hon. Mr. Timbrell:** There are the usual annual surveys the government does, but I am not even sure if we have any questions on the survey at this end. You asked if anybody in our ministry, in Dr. LeBlanc's branch, is committed to doing an internal review. He assures me that is not the case.

**Mr. McClellan:** What you are saying is the study is not being done under the auspices of this branch, and I accept that. But I know a study is being done and I am curious to know under whose auspices it is being done.

**Dr. LeBlanc:** Aside from generally monitoring the research that goes on in the jurisdictions and a variety of publications, the only other thing, and it is pretty small, is research studies. We have surveyed the other provinces as to what they are doing, and I have that commission more designed for a specific study about user charges.

**Mr. McClellan:** You are not aware of anybody else who may have commissioned one of the research survey firms to do a survey?

**Hon. Mr. Timbrell:** We had calls about a month ago. There was a call from Ottawa and one from Toronto from people saying they had been approached at home or on the street—I cannot remember which—by surveyors asking questions. I am not sure whether that was tracked down to Gallup or where.

**Mr. Scott:** I do not think we ever traced that.

**Hon. Mr. Timbrell:** I think it was a Gallup poll.

**Mr. Scott:** We did have some calls.

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** I assume we are talking about the same study.

**Mr. Scott:** This was on OHIP.

**Mr. McClellan:** I was getting calls at about the same period and I assumed, I guess wrongly, that this had been commissioned by yourselves. That is interesting.

**Hon. Mr. Timbrell:** I think at the time it was probably the Gallup organization because there have been a number of polls done particularly for the Toronto Star over the last few years. Some of the questions have dealt with extra-billing, the right to opt out or not, the costs of health care, spending on health and that sort of thing.

**Mr. McClellan:** I assume it will show up eventually.

Is it possible to obtain a list of works in progress by the research branch?

**Hon. Mr. Timbrell:** Dr. LeBlanc, do you have a master list?

**Mr. McClellan:** It concerns the studies you are directly undertaking yourselves. Do you undertake studies yourselves?

**Dr. LeBlanc:** The principal research effort of my branch is done by its external grants programs. The research section of my branch involves three full-time employees plus some clerks who are principally involved in the ministry. With about \$12 million worth of extramural grants programs, from time to time we do small internal research programs, but as a continuation of government's general policy we do research external to the ministry because we have universities and health research units and so on. I think it would be charitable to refer to it as research in the same sense as the research we fund. It is that research that is fossilized in the name of the branch.

**Mr. McClellan:** What I am interested in is the other \$2 million.

**Dr. LeBlanc:** Some of it relates to contracted research, such as the money going to the University of Toronto group examining radiation safety, or money set aside for muscle stimulation studies as innovative therapy for paraplegics. We do have funds that go for projects which are, shall we say, negotiated as being important, rather than the usual unsolicited ones.

We maintain entire lists of all of those projects and seek eagerly to have everybody know about them. I would be pleased to provide such a list if you think it would be helpful.

**Mr. McClellan:** Yes, I would be grateful to receive that.

I guess I am not going to get an answer to the

question. I assume consulting services is the section in your branch that provides research support to the internal policy decision-makers of the ministry.

**Dr. LeBlanc:** For example, that would have been the group that would have compiled the interprovincial survey of user charges or would have examined Ontario Economic Council reports or council of health reports or reports in the open literature that bear on these issues.

As I am sure you are aware, relatively few senior civil servants or politicians read large books from cover to cover. They are assisted by having the key issues teased out and put to briefer paper than books.

**Mr. McClellan:** If they have research assistants.

**Dr. LeBlanc:** Yes, that is the kind of function. So I say that it is research of a type; but as a researcher by training, I think that it is at best small "r" research.

**Mr. McClellan:** It is policy research and that is the most interesting.

**Dr. LeBlanc:** The people who do it agree.

**Mr. McClellan:** I would ask as a final point whether it is possible to obtain, even in a general form, a list and inventory or description of the kinds of issues the research branch's consulting services section is currently working on.

**Dr. LeBlanc:** Yes.

**Hon. Mr. Timbrell:** Short of giving you things that are part and parcel of cabinet papers.

**Mr. McClellan:** I am not asking for documents to be given to me before they are completed. That would be silly.

**Mr. Van Horne:** It would be fun, though, wouldn't it?

**Mr. McClellan:** I think there is an important point I tried to make again yesterday. Some ministers are more open than others about sharing some of the basic information they use that they prepare as the basis for decision-making. I think this ministry has some distance to go before it is on a par with other ministries I have had the opportunity to work with.

**Mr. Van Horne:** On page 39 in your briefing book, part of the description of this branch is that all research grant applications are subject to a peer review process et cetera. The business of granting moneys for research is part of your function too?

**Dr. LeBlanc:** Yes.

**Mr. Van Horne:** So that you know where I am coming from, are you aware I am the president of the Amyotrophic Lateral Sclerosis Society of Canada, which I believe has made application on at least two occasions for some kind of assistance? As everyone else that makes application does, we had to go through a process which your department requires. In the latter stages of that process we were informed that funds were either dried up or that our particular application was turned down. I am wondering if you could indicate whether you are aware of that application.

3 p.m.

**Dr. LeBlanc:** Yes I am.

**Mr. Van Horne:** Secondly, could you give me some indication as to whether or not that organization should realistically pursue application to the government or not? Be candid.

**Dr. LeBlanc:** In the short run, unless the government provides additional lottery funds to the Ministry of Health, they should not because there are no more funds. Even if funds are provided, it is no guarantee that any given organization will be successful.

The number of groups applying have passed through two barriers. Since in the programs available at least for private foundation, there was a delegation from the province to the foundation to fund unsolicited research, one had to be sure the foundation had the means of continuing the same principle you mentioned of peer review. That was the so-called external audit in which they had a professional committee to see applications. That was the first barrier.

The second was an adjudication of the lottery advisory committee which, during the period that this was before, was being chaired by Dr. George Connell of the University of Western Ontario. That is the second half of the health research and development committee of the council of health. The decisions of that committee go to the minister for implementation.

A given applicant can fail at either of the two barriers. Unfortunately, it can happen that one can succeed at both and there will still be no money.

**Mr. Van Horne:** At what point did the ALS application falter?

**Dr. LeBlanc:** I would have to double-check because it is two stages removed from me. My recollection was that it failed in terms of the lottery advisory committee being satisfied they met their standards, as they understood the

conditions of the awards. I do not recall any group, once they understood it, failing to get a professional advisory group in order to adjudicate. I would have to check in detail, but my recollection is that it was the lottery advisory committee.

**Mr. Van Horne:** Without getting into a lot of detail on this, I would like to ask you to review it and respond from a layman's point of view. That is certainly what I am.

I got involved with this because I have a degree of empathy for people like Dr. Arthur Hudson who has devoted a heck of a lot of his time and talent to working with ALS patients and to trying to get the ALS Society here in Canada going. It is a relatively new body and in the five years it has been going, for four of which I have been involved, it has made some headway.

I cannot express the degree of frustration we feel when we think we have a good proposal for research and at the same time are working to try to supplement what we are asking for. We are trying to raise dollars through the corporate sector and any way we legitimately can. I would have to check my correspondence to make sure all the reasons were not given, but the impression I have was we were turned down on rather questionable grounds. That is my recollection without going back to that correspondence of a few months ago.

Again, I cannot underline too much the frustration I have felt in this process. I have kept in touch with the Minister of Health and the Premier on this. They are both very much aware, not only of my involvement, but one—

**Hon. Mr. Timbrell:** One of your colleagues in the society is Bruce McCaffrey.

**Mr. Van Horne:** Bruce, by the way, has had to step off the board because of the possibility of a conflict of interest. If you are a cabinet minister, it is not proper that you should be seeking government funds for an association you are connected with. Interestingly enough, he has been replaced by a gentleman by the name of Rob Welch. I am sure some of you may know Rob.

A lot of people have put a lot of time into this particular society because they believe there is a cure and there is need for a society like this to try to get the research going. If you have ever had the experience of banging your head against a wall, you know how good it feels when you stop. And that is where I find myself, but I do

not want to quit. I do not want to give up, but damn it, it is hard to fight. Is it possible to get a response?

**Hon. Mr. Timbrell:** I hope some recognition will be given to the fact that the injection of provincial lottery funds over the last five years has benefited a number of health research organizations to acquire research space and equipment or support money for personnel.

**Mr. Van Horne:** I realize there are only so many bucks to go around. I realize the problems.

**Hon. Mr. Timbrell:** I hope, too, you will recognize that this peer review process was set up with the intention of keeping politics out of the decision-making process. Subject to the availability of the dollars, I cannot recall receiving a recommendation from these groups that I have turned down. It is the kind of thing in which politics has no place.

**Mr. Van Horne:** If I thought for a minute that my presence on that board was preventing their application being given thorough consideration, I would step off in a second.

**Hon. Mr. Timbrell:** I think you know that it is not. This is one place where politics is completely out of it. You would not have people like George Connell from University of Western Ontario, or Lou Siminovitch from the Hospital for Sick Children or many of the others who are involved. They would not stay involved with the process if it were otherwise.

**Mr. Van Horne:** I know George Connell fairly well. I have never discussed this with him once.

**Hon. Mr. Timbrell:** No, but the point should be made that you would not attract and you would not keep people of their calibre unless it was on a purely professional basis.

**Mr. Van Horne:** I agree. Well, you appreciate the depth of my feeling and I guess there is no point in dwelling on it except to say that I would appreciate an answer.

**Mr. McClellan:** I had meant to ask a question about the demonstration projects described on page 40 of the briefing book as supportive innovations of the organization of health services and provision and evaluation of health care. Are there studies currently under way, or recently completed, with respect to health service organizations or health centres?

**Dr. LeBlanc:** I think not. This program is solely dependent on unsolicited applications. I do not recall any applications on that particular



issue. It may well be that other means are available for research. I do not recall any, but I will double-check.

**Mr. McClellan:** At any rate, if it is possible, at your convenience to prepare a list—

**Dr. LeBlanc:** We maintain a running list and make copies to give to all interested parties.

**3:10 p.m.**

**Mr. Dean:** I have a question for the minister or the deputy. Is this the area of the budget from which any support for the kind of new facilities, such as the community centre that has been recommended for the east end of Hamilton-Wentworth, would come inasmuch as it is innovative in nature?

**Dr. LeBlanc:** The demonstration project program is not oriented towards paying for the cost of services but rather towards the study of innovations or the evaluation of same. If something truly innovative was happening, it would not be surprising if people sought demonstration project money for the evaluation component. We do not rule out a small cost relating to the delivery of a service because sometimes it costs more to deliver the service if one is also researching it. But it is not a means of funding service programs.

**Mr. Dean:** That would come more under a different program, would it?

**The Vice-Chairman:** Perhaps the minister could clarify that.

**Hon. Mr. Timbrell:** Things like the cost of doing the east end study would have come through the district health council program. The cost of implementation will probably come through both the institutional and the community health services budgets because of the various components.

**Mr. Van Horne:** You might be interested in a little aside. Our grapevine got a phone call this morning suggesting that it was not proper for a new government venture to be announced over CHCH by the local member. It should have been announced by the minister. I guess there are people up there who think very highly of you, Mr. Minister. I thanked them for the phone call.

**The Vice-Chairman:** That is not to suggest that they think any less of the local member.

**Mr. Van Horne:** No.

Item 9 agreed to.

On item 10, systems development services:

**Mr. McClellan:** It would be helpful with respect to the kinds of concerns I have been expressing if it were possible for both myself and the Liberal health critic to visit this branch and review the material they have available in order to determine whether there are regular pieces of statistical reports that are being prepared on a routine basis which could be usefully shared with the opposition.

**Hon. Mr. Timbrell:** A lot of the data is released annually, the rather thick volumes they have put together and which you get on hospital utilization data. They are the contact with the Hospital Medical Records Institute. Do you know that institute?

**Mr. McClellan:** Yes.

**Hon. Mr. Timbrell:** If you would like a briefing on that organization, then we could probably arrange a visit.

**Mr. McClellan:** That would be helpful. I recall that the mental health statistics and the psychiatric services statistics were published in a separate book analogous at least to the practitioner care stats. I do not know when that practice stopped. I do not know whether you publish or prepare a report that pulls together more than admissions and discharges.

**Hon. Mr. Timbrell:** I cannot recall that. What kind of things do you mean?

**Mr. McClellan:** Readmissions, patient characteristics, characteristics of the readmitted population.

**Hon. Mr. Timbrell:** I don't recall that. That must have been before my time.

**Mr. McClellan:** I am sure it was. If it was not in the 1960s, it would have been in the early 1970s.

I think it would probably be useful, so the two of us could have an understanding of what kind of information is available from the ministry, to set up some kind of procedures to co-ordinate our requests for information from this ministry so that everything is not being run through Mr. Boddington's office, unless you are absolutely insistent that all requests for information eventually be routed to his office as a matter of policy.

**Hon. Mr. Timbrell:** I think that kind of information is in the hospital utilization report we put out. I will go over it and see if I can find areas that might be useful. We publish it and send it to everyone.

**Mr. McGuigan:** I think this is probably the place to ask a question about a health survey.

The minister knows there has been a great controversy in my riding for the last two or three years concerning the Harwich dump.

**Hon. Mr. Timbrell:** Yes.

**Mr. McGuigan:** Unfortunately, I left my bushel basket of notes at home. I made a presentation to the Environmental Assessment Board.

I understand that people who were there belong to an organization called CRAW, Citizens Rebelling Against Waste. They have been carrying on correspondence with you, asking for health surveys having to do with measurable things like the levels of heavy metals in the blood, hair and skin and so on in the general population immediately surrounding the dump, so that in future years, as more and more concern develops, they will have some basis of comparison.

You have said as an answer that you have some survey going on in the Hamilton area and that the results of that might be a base for further study. I wonder if you could give us a bit more information on that.

**Hon. Mr. Timbrell:** Dr. Martin was involved in a meeting in the area in the last month or so.

**Mr. McGuigan:** Does he have more background on this?

**Hon. Mr. Timbrell:** In any of these, whether we are talking about the Upper Ottawa Street landfill site in Hamilton or the Stouffville or Port Hope situation, we basically rely on the judgement of the local medical officer of health. If the local medical officer of health, from the cursory data available, feels there is a need for more in-depth review than he or she is able to carry out, our policy is to back him up and do that. Perhaps Dr. Martin could refer to this specific one because he was involved in a meeting in the last month.

**Dr. Martin:** We met with the medical officer of health, the chairman of the board and a member of council and indicated that the state of the art is such that it is extremely difficult to talk about a broad community survey until we know what agent we are talking about. The main concern at that time was cadmium. We could not get a very clear picture from the surveys that had been done at the local level as to whether or not there was any evidence of cadmium in the deposits, nor whether the people in the area were suffering any symptoms that could be referable to cadmium.

It is our hope that from the Upper Ottawa Street study in Hamilton we will start to develop

some answers as to how to conduct a meaningful survey in a community. First of all, we have to know what the suspected agent is. Also, there is a great variety of elements to be looked for. We have to admit at present that carrying out such relationships is fraught with unknown factors. I am meeting with Professor Bourns this week to see just how far along the line we are in the Hamilton study.

**Hon. Mr. Timbrell:** Two points should be added. First, the study in Hamilton, to the best of my knowledge, is the first of its kind anywhere.

**Dr. Martin:** That is the problem.

**Hon. Mr. Timbrell:** It has never been done anywhere in the world before. Second, with specific regard to the Harwich township site, there were tests done of the wells. I think they were done by the Ministry of the Environment, weren't they?

**Mr. Scott:** They have been done by just about everyone.

**Hon. Mr. Timbrell:** My understanding is that the results of all those tests to date have been positive.

3:20 p.m.

**Dr. Martin:** That is the information the board brought to us last week.

**Mr. McGuigan:** With all these materials in the dump, and there is no end of materials in there, the fear is they are escaping and leachate is coming out and getting into the air and water. The fear is that eventually it will get to the populace. I think it would be useful if in 1982 a survey was made of tissue, blood and so on which showed certain levels or zero, and then if 20 years down the road a further survey showed so many parts per billion or trillion or whatever measurement you want to use, we would know there has been a movement. This is what we are concerned about.

We are not concerned about a particular health problem at the moment because although people have got rashes and that sort of thing, if you go into any population you are going to find those. The question is how to pinpoint them?

**Dr. Martin:** The problem is that so many of the symptoms are nonspecific symptoms, as in other concerns, and it is difficult with the small numbers. This particular area has the added problem that we have not run into before of an extremely low population density. In their discussion with me, they estimated there were about 100 people in a two-mile radius of the area

we are talking about. From a rash that has an incidence of one in 10,000 people, when there are only 100 people exposed, it is awfully hard to be able to say, because there are no rashes in 100 people, that that means anything.

**Mr. McGuigan:** In other words, that they have been exposed to it.

**Hon. Mr. Timbrell:** That is the difficulty. We do not want to stand strictly on statistical analyses when dealing with these kinds of concerns. We do not want to treat them on a strictly statistical basis, although we cannot ignore them either. I am reminded of back in the spring when some of the concerns were first raised about the situation in Stouffville. Attention was zeroed in on one year of statistics with respect to spontaneous abortion in which the rate in that area, again with a relatively small population base, was higher than provincial norms. What was not explained by the media was that in at least one year, if not two years before, the rate was zero, and that in the year after it was appreciably lower than either that area's previous rate or the provincial rate.

**Mr. McGuigan:** It just comes down to the laws of chance. Do you not think it would be useful on the very long term to spend some amount of money—I would not be talking of millions, but some amount of money—to put down a foundation and say that the content of the metals in the hair, fingernails, tissue—

**Hon. Mr. Timbrell:** I think that money is what we are spending in Hamilton because in this current fiscal year we are spending close to a quarter of a million. Next year the investment could be as much as \$1 million, just in that one study in Hamilton, which will be a base line, I suppose, when it is completed, not only for us but for others because there has been a lot of interest in that study.

**Mr. McGuigan:** Would you hold out any hope for when that is completed you could move to Harwich?

**Hon. Mr. Timbrell:** It would depend on the findings in the Hamilton study, but it would also depend on whether there are any other factors identified at the local level by the Ministry of the Environment or public health authorities that would indicate the need for it because, potentially, we can think of reasons.

**Mr. McGuigan:** They have identified that for the next 100 years they will have to gather leachate and take it away from the site at a cost

estimated at \$37 million in 1981 dollars, which is far beyond any dollars that have been generated in the use of the site so far.

**Hon. Mr. Timbrell:** Is this an environmental order?

**Mr. McGuigan:** It was identified during the environmental assessment hearing. At the present time they do not know where they would take it. There is not a facility that would accept it.

**Hon. Mr. Timbrell:** Whose finding was that?

**Mr. McGuigan:** It was given by a consultant.

**Hon. Mr. Timbrell:** The township's or from the Ministry of the Environment?

**Mr. McGuigan:** The township's. What they do in this operation is dig a hole and pour in liquid; then they come along with paper and put it on top and when they get up to the ground level, they mull it in. All the liquid is now mulled in and the situation is now at the point where this stuff is now coming out the sides of the hill. Their recommendation is that they put in what they call a xoe drain, a drain all around the bottom of the mound, from which they can collect large amounts of this material. It is going to be getting into the air even if they cart it all away. There will be some of it getting into the air and be blown about the community.

**Hon. Mr. Timbrell:** Were you part of the group that went to Europe this year or last year and looked at some of the systems in Germany, Denmark and Holland?

**Mr. McGuigan:** No. You are talking there about a solidification process.

**Hon. Mr. Timbrell:** I do not know much about it, I am sorry.

**Mr. McGuigan:** They dig a hole in the ground and pour it in. It has been going on now for 15 years. Even if we get our Cayuga-type waste system in three or four years, they still have to deal with several of these places around the province where the raw stuff is now leaking out. People are concerned that at some point it is going to start getting into their immediate environment. For that reason they would like to have it on record that in 1981 hair, blood, body fluids and so on were at certain levels. I think that is pretty legitimate. They are really not asking—

**Hon. Mr. Timbrell:** Did the health survey the federal government was doing until last year include any of that sort of thing?

**Dr. Martin:** No, not on those particular things. There was no hair analysis and the blood



studies were very limited. At one time they were talking of doing such things as pesticide, but that was dropped, as was the whole survey.

**Mr. McGuigan:** I would think you should seriously look at doing what you can do, some of the measurable things.

**Hon. Mr. Timbrell:** There are a number of things, as you know, that are regularly tested by the health unit, such as water supply and various tests done on food handlers in the area. Those sorts of things form a body of data which the local health unit would have.

**Mr. McGuigan:** They are testing deep well water, but it really takes years and years for any of these materials, the leachate, to seep down into the well water. We are talking about it taking 600 years before it hits the well water. This stuff is on the surface.

**Hon. Mr. Timbrell:** Are there not studies in place now or are they not contemplating air quality monitoring? That is a fairly readily available service.

**Mr. McGuigan:** There is nothing that can tell you so well as the plants or the people who live in the vicinity. It is like going to the lake water. You can test lake water, but you will get a different result if you go and test, say, gulls' eggs or even the fish that live in the water. You cannot get DDT in the water; you get DDT in gulls' eggs concentrated down through the food chain. Just making an analysis of the well water really does not satisfy people.

**Hon. Mr. Timbrell:** That is why I mentioned the air quality control measures such as monitoring.

**Mr. McGuigan:** They can bring a travelling lab or van and do air tests on a particular day, but far better tests would be the plants and the people and animals living there because they are picking it up every day.

3:30 p.m.

**Hon. Mr. Timbrell:** Maybe my deputy would comment on that.

**Mr. Scott:** I would think it is quite possible for the Ministry of the Environment, if they have not already done so, to establish air monitoring devices that can measure in very finite amounts as well as using the phytotoxicology approach to use the plants to monitor.

Your point is well taken when you are talking about DDT and dioxin and sea gull eggs. You use sea gull eggs in some of those because it is the only place you would ever be able to find it because of the bioaccumulation. But the human

is not bioaccumulating into anything like that level of degree. Of course, it is encouraging to note that by all those measures the trend line is down, that is, the dioxin is getting less and the DDT is getting less. There is the odd little jump, but the graph is very definitely downwards. I would think in those areas that as long as we can contain some of those areas on the other side of the Niagara River the chances are good that those will eventually even disappear in herring gull eggs and so on where there is that high bioaccumulation.

**Mr. McGuigan:** As you know, Mr. Scott, the involvement with the public trust is not very great, especially around those dump sites.

**Mr. Scott:** I do recall some of the comments I made at a public meeting being less than enthusiastically received.

**Mr. McGuigan:** In spite of all those measures—and I recognize they are there—I still believe they are very legitimately asking for some of this data to be established as a very long-term investment.

**Mr. Scott:** I think all of this data would have to be looked at as a long-term investment because even in the Hamilton situation the only thing that would likely be helpful is if we got some absolutely astounding results across the board and everything seemed to be out of whack for the small amount. In a negative sense, that would be helpful. But without having a number of control groups and so on to set it off against, it does not necessarily tell you very much and you can get distortions.

You are right. A lot of work needs to be done in that area. It is good that this is happening in the Hamilton area. That will probably be somewhat helpful, but it is an extremely high-cost area and a slow-progress area in being able to deal with matters. Obviously in the case of dealing with people living near landfill sites, you really do not know what you are looking for. That makes it hard to know what you have found, or that anything you do find is necessarily relevant to the landfill site or perhaps some other environmental or even social factor.

**Mr. McGuigan:** There must be a good deal of knowledge in Hamilton as to what you would expect to find in various tests in the way of certain elements. If people living in that vicinity had that same amount, they would be reassured. If they had more or less, there would be cause for alarm.

In the long term, if 20 years from now there is an appreciable change, it would be of great

value to all health care people. We have this problem not just in Harwich township but all over the world.

**Hon. Mr. Timbrell:** It sort of suggests that you would have an ongoing analysis of the entire population, not just Harwich township. In any community in the province, you can point to some industry that used to be there. I can go back to my home village of Sydenham and say, "Is there something about the mill that used to be there that has contributed to some kind of problem?" There are a number of things, such as cancer deaths, that are regularly reported and tabulated and kept by county and region and that sort of thing.

To a very great extent, particularly in the last 40 years in the health units, we rely on the medical officers of health to monitor various local factors. In a number of cases arising out of their relationship with the local medical community, they have picked up observations. One physician may make an observation that eventually leads to review. For instance, the review that was done by Dr. Slingerland in York on the question of herbicides used on the Holland Marsh arose out of observations to the MOH. Only one or two family physicians just happened to make comments that they had seen something they thought was suspect. Dr. Slingerland, being a good MOH, put two and two together and said, "Maybe there is something here. I will investigate it."

To a very great extent, that is our first line of deterrence.

**Mr. McGuigan:** I think what we are talking about goes beyond that. It is a long-term survey as to how people's health may be affected in these areas.

**Mr. Scott:** I think it is extremely long term. One of the reasons I say that is that we have different environmental factors in different communities. For example, in some places in eastern Ontario they have a much higher uranium content in their drinking water. Presumably, they have somewhat higher levels of retention of uranium. Yet a total world examination will not be able to give you any advice as to whether that is meaningful or not. There are no local observations you can make that are meaningful or not.

In addition to the enormous cataloguing we have to do, we have a terrible shortfall of information all over the world in the area of toxicology, that is, deciding if there is a slightly elevated level of item X. If the average is 10

parts per trillion and we suddenly find it is 100 parts per trillion, we have a hell of a time trying to determine what that really means or if it has any health impact at all.

In fact, if you know any bright young people interested in a medical education in your area who are also ambitious to make a lot of money, tell them to study toxicology because we are glad in our ministry to have one or two of the few in captivity. The fact of the matter is that that is an area in which the whole world is woefully behind. That relates directly to the very serious point you made earlier about a lack of faith that a lot of citizens have in their governmental and other institutions. As has been said many times before, our analytical technology has developed at such a fast rate that we are probably finding things that have always been there that we could not see before, but we are no better off at telling you what it means.

**Hon. Mr. Timbrell:** I do not see either of our epidemiologists, Dr. Smith or Dr. Andreychuk here, but when we get to the community health item, if you want to pick their brains, they are the two primary people I rely on—I guess we all do—for their expertise in epidemiology.

**The Vice-Chairman:** I think we should move along. As often happens in estimates, we have spent about seven hours talking about \$60 million and we have about seven left to talk about \$4.5 billion. Mr. McGuigan, those certainly are points you have raised that could come up under future votes.

**Mr. Ruprecht:** I have a question.

**The Vice-Chairman:** Under item 10?

**Mr. Ruprecht:** It is just for clarification. I was concerned about the air ambience study that was done on the Junction Triangle. Would that be discussed at the same time?

**Hon. Mr. Timbrell:** That was done by Environment.

**Mr. Ruprecht:** You had nothing to do with that?

**Hon. Mr. Timbrell:** The local board of health was provided with the results of that if I remember correctly.

**Mr. Scott:** That was entirely an MOE study.

**Hon. Mr. Timbrell:** That was not done through our auspices. This is where the boards of health, which are primarily the creatures of the Ministry of Health, do have an ongoing relationship with the Ministry of the Environment.

**Mr. Scott:** I believe the occupational health and safety division of the Ministry of Labour was somehow involved in that as well.

**The Vice-Chairman:** Are there any further questions under item 10?

**Hon. Mr. Timbrell:** The Ministry of the Environment is in estimates, I am told.

**Mr. Scott:** They are due to start in estimates this week.

**The Vice-Chairman:** In the resources development committee?

**Hon. Mr. Timbrell:** I guess so.

Item 10 agreed to.

Vote 3201 agreed to.

On vote 3202, institutional health services program; item 1, program administration:

**Mr. McClellan:** I do not know if Dr. Heseltine is here.

**Hon. Mr. Timbrell:** Yes.

3:40 p.m.

**Mr. McClellan:** If it is all right with the minister, perhaps Dr. Heseltine could give us a short description of what he is doing.

**Hon. Mr. Timbrell:** If you want to get into any detail on the psychiatric hospitals, I would ask that be reserved to be put to the director of psychiatric hospitals.

**Mr. McClellan:** That is the next item.

**Hon. Mr. Timbrell:** Yes, it is. Dr. Heseltine joined the ministry in June of this year. I am sure you are all familiar with the background of his appointment as it was explained yesterday. Perhaps, doctor, you could give an overview of your activities since joining the ministry.

**Dr. Heseltine:** I joined the ministry, as the minister said, in June. At that time I was very much a new boy. I was trying to find out what the ministry was all about. I had only seen it from the outside. I was aware of some of the difficulties I had and I was aware of some of the difficulties they had. I spent a lot of time reviewing the literature and visiting the various areas of the province, the well-served and especially the underserved, the north, north-west and northeast. I made myself known and available to these centres and also to the various agencies in this city and the district health councils in the various centres.

I then met with the chairmen of the departments of psychiatry. I have established regular meetings with them and reviewed the types of people they are educating and what they are educating them for. This is going to be a

quarterly meeting with them, enlisting their co-operation and understanding and trying to come up with some solutions to the problems in the mental health area. I also met with the administrators of the psychiatric hospitals and visited the various psychiatric hospitals. I knew a number of them before. I got to know them better and got to know the ones I did not know. I have been looking for staff. I have a limited staff, as you will see, but I did not want to hire more people before I knew in what direction I wanted them to work and what I wanted them to do.

We are in the process of firming up understandings with two people specifically. We are developing patient care review of a number of centres in the area of specific hospital units where I want a clear understanding of what went on to allow me some guidance in future decisions.

**Mr. McClellan:** What kinds of things are you looking at in the patient care review?

**Dr. Heseltine:** I am looking into the structure of the flow of patients, the system of handling patients, referral patterns, the types of cases and long-term patients. Is it long term because of the patient's illness or is it long term because of the function of the system? I am trying to get things clear. In a lot of the statistics I was gathering, I was not clear in my own mind what I was talking about and what the definitions were. So I am going into a more closely defined dissection of what is going on in the system.

**Mr. McClellan:** Is that taking place at the 10 provincial mental health centres or where? What population are you looking at in the patient care review?

**Dr. Heseltine:** I am looking in the Whitby and Owen Sound areas and will be looking in the area of North Bay.

**Mr. McClellan:** You are not looking at Queen Street?

**Dr. Heseltine:** They already have consultants in Queen Street, and I will wait and see their recommendations.

**Mr. McClellan:** I did not mean to interrupt you. What happens to the results of your review? Will they be put into a report form?

**Dr. Heseltine:** When I first took the position, I was asked by some of the agencies what I was going to do first. Being a physician, I said I would first take a history, and that is what I have been doing since. They said, "What about the immediate crisis?" I said, "Without being too



facetious, if the automobile was still resting on top of the patient, I would remove that first before I went on with the history." In fact, what is happening is a two-pronged attack. One, there are immediate problems that I have discussed with the various assistant deputy ministers and the deputy minister. Secondly, there is the long-range approach that really is the major thrust of what I have been taken on board for.

**Mr. Scott:** If I might interrupt at this point for a moment, Mr. McClellan, to be fair to Dr. Heseltine, I advised him I felt very strongly, particularly in the early stages and because of his expertise, that I wanted him to devote as much of his time as possible to looking at the whole picture, once he had accomplished his history, and start bringing his expertise to bear on where he sees major failings or shortcomings and where he sees adjustments.

I would like him to work far more in the early stages on his own assessment of the system before getting him into too many hot spots. There are enough hot spots, controversies and differences of opinion both at the social and medical level in this area, but I felt if we got him into the firefighting area, then we would just distract him from what we really want from him most of all, and that is a well-informed overview of the system.

**Mr. McClellan:** I am not disputing the advisability of that course of action or its wisdom. Once the diagnosis has been determined, my concern is over whom it will be shared with. I do not think I can expect Dr. Heseltine to answer that question. I will put it to the minister.

**Hon. Mr. Timbrell:** I thought you made some good observations yesterday, and they did not escape me, as to how we can assure that there will be some kind of an information-sharing process, and it must be part and parcel of this activity as we move ahead from here. We have tried in the rebuilding of Whitby, which is not entirely on the point, rather than us strictly taking a decision as to the shape and form of the rebuilt Whitby Psychiatric Hospital, we put the issue to the health councils in Durham and in Haliburton, where they call it the Pine Ridge council, the two councils that cover the catchment area at the Whitby Psychiatric Hospital. We involved the mental health people in Durham and groups like that in an assessment of the mental health service needs for that particular catchment area. We have tried to find ways to involve a broader constituency and share information on the development of future programs and facilities.

**Mr. McClellan:** I think that is crucial. You are aware that the Ontario Public Service Employees Union is currently engaged in its own inquiry into mental health care. I do not take that facetiously or as some kind of a public relations stunt. I mean this quite sincerely and I say with the utmost seriousness that simply reflects a degree of concern about the mental health care system which was also part of the requests last year for a public inquiry.

You have responded by appointing Dr. Heseltine to work within the ministry. I made some comments yesterday about the effectiveness of that approach within your sister ministry. Again, it is absolutely essential to be sharing information with respect to the process; otherwise it serves nobody's purpose at all.

**Hon. Mr. Timbrell:** I also pointed out, with respect, that we had conducted an inquiry into mental health services in the broadest sense. Shortly after I went to the ministry, one of the first things I did in the first five or six months was to ask the council of health to do that very thing, review mental health services in Ontario.

3:50 p.m.

A special task force of the council was appointed under the chairmanship of Dr. Abbyan Lynch of St. Michael's College which worked for a couple of years. I believe that report has been criticized by some as being inadequate, but the fact is they went all over Ontario and made themselves available. I cannot recall whether, for instance, the Ontario Public Service Employees Union or any of its locals made representations to them.

There is a list of participants and contributors in the back. Certainly the opportunities were there. They did make a number of comments and recommendations, not the least of which was that the ministry get its act together better than was the case at that point.

**Mr. McClellan:** One of the principal recommendations, if I recall, was that there be appointed a mental health co-ordinator. As to the rest of the recommendations, it is entirely unclear what happened to them. We will pursue that a little bit when we get to the next item. I did not want to deflect, at this point, from trying to understand Dr. Heseltine's role within the ministry.

**Hon. Mr. Timbrell:** My own view of the inquiry to which you made reference, at least in the way the press release came out, is that it seems as though they have already formed and stated their conclusions and are going out to

find people to draw to that banner. There is no question of this. I am sure you realize it, as we all realize it. When you are talking about a psychiatric hospital system with the individual tales of woe, you are going to find claims of any number of problems.

Secondly, given the very short time frame they are proposing, even if I did not believe they have already formed their conclusions and are going out to support them, and even if they were totally objective, I cannot see how they could possibly come up with a reliable, thorough, objective evaluation.

Again, I would point out that Dr. Lynch's group did work for a couple of years. Whether one agrees or disagrees with some of their conclusions and their findings, or believes it was not as thorough as it should have been, it was province-wide and meticulous and it had all kinds of subcommittees. There was a legal subcommittee and an institutional and community subcommittee, involving a host of objective volunteers in the process.

**Mr. McClellan:** I have more faith in the objectivity of people like Hope Schwenger and Jerry Cooper than you seem to.

**Hon. Mr. Timbrell:** No, I do not think they are objective. I think they have clearly stated their—

**Mr. McClellan:** They have stated virtually what everybody is stating, and which you acknowledge by appointing a mental health co-ordinator and by contemplating a fundamental reorganization of mental health services, namely, that there are serious problems. They are providing the essential function in a democratic society of a forum for the presentation of those problems in a systematic way.

**Hon. Mr. Timbrell:** Fine. But I do not think we should kid ourselves about the objectivity. None of the people who were part of Lynch's group, unless my memory serves me badly, was a mental health care professional. They were drawn from a broad cross-section of society to take an objective look at whatever evidence was brought to them. What you would have is a group of people who, even if they were all like the people on Dr. Lynch's committee, totally objective, would have totally insufficient time to arrive at any objective conclusions. They are not objective in my view; they all have a stated bias and interest in the system.

**Mr. McClellan:** There is an interest in mental health care which I am sure they all share.

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** At any rate, we are leaving Dr. Heseltine in a lurch, so to speak. What you have told me has been helpful with respect to your own role. Just to ask perhaps a final question, aside from the patient care review and conceding you are still in a startup phase, have you initiated other research projects or areas of inquiry at this point or are you anticipating initiating any in the near future?

**Dr. Heseltine:** I think I can say that although I am in that position on the hierarchy, I have been seconded by the university to the ministry. I am with the university, so therefore I am a free agent.

The other thing is that I am here because I have an interest in health care delivery and the systems that are being developed. One of the major interests I had was in the north and in health care delivery to remote, underserved areas. If there is a particular area, yes, there is one going on there with developing of services now.

**Mr. Ruprecht:** Did I understand you correctly when you said that Queen Street Mental Health Centre is not part of your schedule of examination?

**Dr. Heseltine:** No, sir. It is certainly part of my interest, but there are consultants already in there and it would be superfluous if I went in on top of them. I will wait and see what they come up with and then I will make my comments as I do on any other question. It is of vital interest to me along with the rest.

**Mr. Ruprecht:** Did you state earlier when this report will be finished? Did I miss that earlier, or did you not say when?

**Dr. Heseltine:** No, I did not refer to it at all. My mandate is over a period of one to two years.

**Mr. Ruprecht:** Can you tell this committee when this report will be finished as far as you are concerned? Do have any projected dates on that?

**Dr. Heseltine:** I hope to have some major comments by late spring.

**Mr. Chairman:** Mr. McClellan, were you finished your line of questioning?

**Mr. McClellan:** Basically, yes.

**Mr. Van Horne:** I had the pleasure of meeting you before you came to Toronto. Is there any reason for not being all inclusive? Is there any reason for not looking all over as opposed to mainly the north, northeast and northwest? For example, you left out London and St. Thomas when you were talking about areas you were reviewing.



**Dr. Heseltine:** It is an area, Mr. Van Horne, that I know very well, coming from London and St. Thomas. Certainly I am aware of problems there. As the minister mentioned, the overall patterns of difficulty in delivery are transferable, if you like, from London to Kingston to Owen Sound. I am certainly looking at this and at the development and the improvement of the continuity and continuum of services for the patients.

**Mr. Van Horne:** Would you get into such fine detail as admitting procedures? I ask that question in thinking of the unfortunate incident at the London Psychiatric Hospital in the last couple of years where a former patient apparently attempted to be readmitted in the late night or early morning. He was not admitted for whatever reasons and he subsequently went into the traffic in front of the building and was killed by an automobile.

There was some question then in the local press about why the person was not admitted, albeit at a very late hour in the day, and questions were raised about admitting procedures to psychiatric hospitals. Are you getting into that kind of detail in your review?

**Dr. Heseltine:** I will be interested in all the aspects and details of the system to expedite the flow of the patients and the immediacy of treatment. The mandate described to me was an overall mandate to identify problem areas and try to make suggestions about improving care.

4 p.m.

**Mr. Ruprecht:** I am still not quite clear about your status and I will tell you why. My understanding is that you are the mental health co-ordinator. Is that correct?

**Dr. Heseltine:** The term is executive co-ordinator of mental health services, policy and planning.

**Hon. Mr. Timbrell:** In other words, the delivery in the case of psychiatric hospitals would come under Mr. Cardiff in the psychiatric hospitals branch and in the case of community mental health services under Dr. Lynes and Dr. Deadman. Dr. Lynes was here yesterday. But the planning and the overview work is the responsibility of Dr. Heseltine.

**Mr. Ruprecht:** You are the mental health co-ordinator as I see it anyway. You will make some major statements in the spring and will finish the report this summer or some time shortly thereafter. What will your specific function be after that?

**Dr. Heseltine:** This is being discussed. It is one thing to be a consultant and it is another thing to be around to guide the implementation of the suggestions.

**Mr. Ruprecht:** Mr. Minister, will Dr. Heseltine be in charge not only of the report but of the implementation of some of the recommendations, which I hope you will share with the committee?

**Hon. Mr. Timbrell:** I guess that depends in part on what he recommends and whether he perceives a role for himself that could be accepted or not. Undoubtedly the head of the psychiatric hospitals branch, Mr. Cardiff, and people who are heading up the community mental health program will have a role. Ultimately, through them and Dr. Heseltine, the responsible assistant deputy minister will be just that, the responsible ADM, assuring that whatever we decide to do is done.

**Mr. Ruprecht:** When is Dr. Heseltine's contract term up officially?

**Hon. Mr. Timbrell:** In two years. The agreement with the University of Western Ontario is for two years' secondment. Probably a year from now, approximately six months before the end of the secondment, he will be deciding whether he wants to stay; whether what he has recommended envisages a role for him to stay, and if he wants to stay, for how much longer; and if not, whether somebody else should be seconded from somewhere else in the province.

**Mr. Ruprecht:** If he makes some recommendations that you think make sense or that are capable of implementation, would you then expect Dr. Heseltine to implement these recommendations within the remaining six-month period of that contract?

**Hon. Mr. Timbrell:** No. I doubt any changes that might be recommended could be accommodated in six months. Going back, the council of health report recommended that there be a co-ordinator of mental health services, and we have accepted that. Whether in two years' or five years' time that person is Dr. Heseltine or another doctor from somewhere else in the province, I would envisage that there would be a co-ordinator of mental health services responsible for the planning and the overview, with the people of today, Mr. Cardiff, Dr. Lynes and Dr. Deadman, being responsible for the delivery, the day-to-day work.

**Mr. Ruprecht:** Then you agree totally with that recommendation to maintain a mental health co-ordinator?



**Hon. Mr. Timbrell:** Yes. If there are no further questions of Dr. Heseltine, I might say that I asked Mrs. Hutcheon from the policy secretariat to come today to deal with questions that you had, Mr. Ruprecht, on zoning bylaws.

**Mr. Van Horne:** I have a brief question, Mr. Chairman. The year 1979-80 brought to us the unfortunate happening of the Aldo Alviani inquest. Subsequent to that, a group sent you a letter, Mr. Minister, submitting that the inquest jury did not make recommendations in a number of areas, including the use of chemical restraint under the Mental Health Act, consent to treatment, guidelines for administration of medication, including dosage levels, procedures for the management of violent or difficult-to-manage patients, and staffing patterns in psychiatric institutions on weekends. I would hope that these concerns, if they have not been answered or addressed, are being reviewed.

**Hon. Mr. Timbrell:** If you want to get into specific aspects and into the present operational matters, you can do that under the psychiatric services vote. Mr. Cardiff, the director of the branch, is here.

**Mr. Van Horne:** I do not mind waiting for that, but I would like to know the answers to the questions.

**Hon. Mr. Timbrell:** Looking at the broader question of the use of chemicals, I recognize that either you or Mr. McClellan said in your opening remarks that there has been a virtual revolution in chemotherapy in the last 20 years.

**Mr. Van Horne:** Mr. McClellan made that point.

**Hon. Mr. Timbrell:** We have asked the Clarke Institute to undertake a major review of the use of drugs in psychiatric care. We have budgeted \$300,000 for that. The Premier announced this two or three weeks ago, I think, at a function at the Clarke Institute.

Next May, I believe, the annual meeting of the American Psychiatric Association will be in Toronto and will attract leading psychiatrists from all over North America. In conjunction with that, as the lead-in to this review, they are going to hold a symposium by invitation to the leading psychiatrists in North America on the use of drugs in the provision of psychiatric care. Following up on that, we will undertake a major research project which will assist in the development of any future compendia or guidelines.

Shall I ask Mrs. Hutcheon to come up now to review the zoning bylaws?

**Mr. Van Horne:** That is fine with me.

**Hon. Mr. Timbrell:** This might be the most appropriate vote under which to address that.

**Mr. Van Horne:** While we are waiting for Mrs. Hutcheon, Mr. Chairman, perhaps I may tell you this. I slipped out of the room to see if I had the letter regarding amyotrophic lateral sclerosis research, a point we discussed about an hour ago, and I was able to find it, but there is not very much in it. Let me quote: "All funds available for block grants from current allocation of provincial lottery proceeds have been committed. I cannot say with any certainty if and when new allocations of this type might be possible." The half sentence leading up to that reads, "I regret to inform you that your proposal was not among those recommended for support." That is it.

**Hon. Mr. Timbrell:** Dr. LeBlanc was saying earlier that was—I would not say stopped—not recommended at an earlier stage. That is to say it did not fail due to lack of funds; it failed at an earlier stage. Perhaps you might want to follow that up with Dr. LeBlanc. You could meet with him to discuss it.

**Mr. Van Horne:** I certainly will because attached to the letter from our executive secretary are three pages, detailing methodically how we went through all of the steps we were supposed to do, going back to 1978.

**Hon. Mr. Timbrell:** If I remember correctly, we have in the past, where organizations have been unsuccessful, made arrangements for them to sit down with representatives of the peer review group to do an analysis. If Dr. LeBlanc could follow this up with you, he could perhaps assist you.

**Mr. Van Horne:** I would like that very much. Thank you.

4:10 p.m.

**Hon. Mr. Timbrell:** Yesterday and perhaps the day before Mr. Ruprecht and I were engaged in discussions that had to do with the question of zoning bylaws and their effect on the development of alternatives. Mrs. Hutcheon is not in our ministry, although she used to be until about two years ago. She has been responsible to Mrs. Birch for the efforts to change local bylaws with respect to group homes. She has agreed to come today and, with the committee's approval, she is going to say a few words about what has happened. Perhaps Mr. Ruprecht or others may have some questions.

**Mrs. Hutcheon:** In terms of the whole province or just Metro?

**Hon. Mr. Timbrell:** I think the whole province.

**Mrs. Hutcheon:** We have spent the last two years visiting municipalities across the province, trying to encourage them to change their bylaws to permit group homes. Right now we have about 30 major municipalities which have permissive bylaws and another 40 which are working on the development of group home bylaws.

**Mr. Van Horne:** London is one those by the way.

**Mrs. Hutcheon:** Yes. London, Hamilton, Ottawa, Windsor, Kingston and a number of other municipalities. This permits between three and 10 residents in a group home.

**Mr. McClellan:** What is the total number of municipalities which have now passed them as of right?

**Mrs. Hutcheon:** Between 20 and 30, and the majority of those are over 50,000 in population.

**Mr. McClellan:** How many municipalities does that leave?

**Mrs. Hutcheon:** I think there are over 800 municipalities across the province, but a number of them are contained within—

**Mr. McClellan:** What population would you say?

**Mrs. Hutcheon:** When the situation in Metro Toronto is finally resolved, we will have covered about 70 per cent of the population of Ontario through the bylaws.

**Mr. McClellan:** When do you expect Metropolitan Toronto will be resolved?

**Hon. Mr. Timbrell:** Mrs. Hutcheon was just starting a provincial overview. Maybe you would let her finish.

**Mr. McClellan:** Certainly. I am sorry for interrupting.

**Mrs. Hutcheon:** That is where we are in terms of the province basically.

**Mr. McClellan:** If I can go back to my question, when do you think Metro—

**Hon. Mr. Timbrell:** What is the bylaw in Timbrell township? There is a Timbrell township.

**Mrs. Hutcheon:** No, I have not heard about that one.

**Mr. McClellan:** I arrived too late to get a McClellan. When will Metro be resolved in your best judgement?

**Mrs. Hutcheon:** It depends on the actions that take place, the legal actions and the actions before the OMB. If there is an OMB hearing, I would think it would be in March or April 1982.

**Mr. McClellan:** I am sure we can count on the cabinet to do the right thing if it is appealed to the cabinet.

**Hon. Mr. Timbrell:** I can tell you that a number of us have been out on platforms in our constituencies wearing two hats, one as local MPPs where we liaise with some of those groups and the other as ministers preaching the gospel. In East York, for instance, which Dr. Elgie and I share, he took the Leaside meeting and I took the East York Collegiate meeting.

**Mr. McClellan:** Who won?

**Hon. Mr. Timbrell:** We are here to talk about it, both of us. I found in my own constituency it is the fear of the unknown. There have been one or two cases of group homes in my constituency where people have had problems that have been amplified, I think, out of all proportion to the significance of the original offence, if I may call it that, which has them completely unnerved.

About 10 years ago the Metropolitan Toronto Association for the Mentally Retarded first proposed to build its group home at Sibley and Dentonia Park Avenue in East York on what was previously TTC property with an opening for the Bloor line. The stories that went around that community about what was going to happen to their children if these 26 mentally retarded adults were allowed to move in were unbelievable. But we stood our ground and the mayor of the day, Mr. Blair, and myself as the local member supported it—to our political cost at subsequent elections. It has been built and it has been functioning for about six or seven years. On matters like this you have to be prepared to take a stand and recognize that some people, because of their fears of the unknown and totally fallacious rumours that get started, will never support it.

**Mr. McClellan:** Obviously some significant progress is being made. I still maintain the problem could have been solved five or six years ago if the province had bitten the bullet and made the necessary amendments to the Planning Act. An awful lot of damage has been done to an awful lot of people who have been denied the opportunity to live a normal life in a normal community in a normal neighbourhood in that intervening period of time.

I continue to believe that the whole hubbub was, firstly, a basic violation of human rights and, secondly, completely unnecessary by virtue of the fact that the province insisted on extending the process in order to secure what it referred to as voluntary agreement. We are not



getting voluntary agreement in Metro. We managed to persuade the Metro chairman to get on board, so there has been a kind of imposition of as-of-right zoning on Metro against the will of a number of politicians. I happen to approve the imposition of that as-of-right zoning on Metro.

I think it would have been better to do it on a province-wide basis because my concern is that you will proceed to cover most of the province, 70 per cent or 80 per cent of the population. Then you will have little pockets of discrimination, and I do not know how you will proceed to deal with them.

**Hon. Mr. Timbrell:** I guess I could argue that both ways because I have been at both ends, from this end as a minister in the social field committed to trying to get this change and also through having sat on the local council and on planning boards. I sat on our planning board in North York when we were developing the official plan for the area of our city east of Yonge and south of Highway 401. Believe me, there are any number of planning policy matters where one could argue that if only the province would dictate what should be done—I am thinking of property standards bylaw and—

**Mr. McClellan:** If you accept it is a human rights issue, as some of your colleagues do, then it seems to me you do not get into this confusion.

**Hon. Mr. Timbrell:** I think there are other areas too, with respect, with regard to forms of housing, single family versus multiple and the various gradations, that are local decisions. The fact is that the government came to the consensus, not immediately but after a lengthy debate a number of years ago, that we would not impose it, but rather we would take the longer route—and who knows whether one was better than the other politically—of dealing with the individual municipalities and convincing them of the wisdom of this kind of a move. In doing it that way, we have probably over the longer term been able to bring more of the population with us than by imposing it.

Again, I will relate it to East York, the southern half of my constituency. The meeting I attended at East York Collegiate in January was taped by our local cable operation, and if it was played once, it was played 20 times. I do not think it was just because they had a shortage of programming; I think they realized it was an important public issue and they played it time and time again. I suspect the rationale was that the more often they played it the more people

would be aware of the facts of the situation and, hopefully, would overcome these unfounded fears.

**4:20 p.m.**

The fact is we have made substantial progress in East York now as we have in other parts of Metro and, I think, brought a lot of the public with us in developing awareness of the issue and a consensus.

**Mr. McClellan:** A strong statement from government could have achieved the same objective, combined with an advertising campaign. Going back to Mr. Ruprecht's basic question, which asked when will you be in a position to distribute the supportive housing you are calling for, which is going to proposal call next week, to parts of the Metropolitan area other than the city of Toronto, the answer to that question depends on the outcome of litigation.

**Hon. Mr. Timbrell:** Not entirely, because we are likely talking about proposals that would come from nonprofit or private sector groups that would contemplate institutional use. Most municipalities already have sites designated as institutional. In fact, I would say it might not be dependent at all on that, likely not at all.

**Mr. Ruprecht:** Where do we stand in the Metro area? Where can you not go in terms of as-of-right zoning?

**Mrs. Hutcheon:** The status of the individual municipalities is that in Scarborough, group homes for mentally retarded children and adults are permitted. In the borough of Etobicoke—

**Mr. Ruprecht:** Excuse me. That is not what I was asking. I think I will put this in context. Since Metro council made its decision to support group homes as-of-right zoning throughout Metro and since Claude Bennett signed the legislation, has anything changed in Scarborough? It seems to me you are giving me last year's determination made by these different councils as to whether they want group homes or not. What I would like to know is what is the very latest since the law was signed?

**Mrs. Hutcheon:** Since Mr. Bennett approved the group homes statement, the borough of Etobicoke and the city of North York have both instituted legal action against the Ministry of Municipal Affairs and Housing. They have applied for a judicial review and have asked for a number of remedies. The bottom line is they want a hearing at the Ontario Municipal Board where all of the area municipalities and Metro



can present their positions on which group homes should be permitted where. At the same time, the city of North York has come forward with an application to vary Metroplan along the lines of its own bylaw. They have asked Mr. Bennett whether that whole matter can be referred to the OMB. That is under discussion right now by the minister.

**Mr. Ruprecht:** Can you tell us what they want in North York under this new plan?

**Mrs. Hutcheon:** They want a bylaw that would be similar to theirs whereby all group homes except correctional homes would be permitted in all residential areas.

**Ms. Fish:** I'm sorry, there is a correction there. It is except group homes for those from corrections and with chemical abuse. Alcohol or drug abuse is also not permitted in North York.

**Mrs. Hutcheon:** That would leave the option on those kinds of homes up to the individual municipality.

**Hon. Mr. Timbrell:** Has not North York stated that it would entertain those on major arteries?

**Mrs. Hutcheon:** Yes. The latest bylaw they passed would be on arterial roads, up to 20 individuals in a home and in the higher density residential areas.

**Mr. Ruprecht:** They have passed this now you say?

**Mrs. Hutcheon:** Yes, but it has not gone forward because of the earlier bylaw and because of the legal action that is under way.

**Mr. Ruprecht:** So no matter what happens with this litigation, you would be able to put homes on to major arteries in North York?

**Mrs. Hutcheon:** Yes, if it proceeded to be approved.

**Hon. Mr. Timbrell:** Assuming the bylaw is fully consummated.

**Mr. Ruprecht:** It has not passed council yet?

**Mrs. Hutcheon:** It did pass council but there were objections by a number of agencies which wanted the whole matter referred to the OMB, but that action was suspended until this action goes ahead. They may very well deal with all of them at the one time.

**Mr. Ruprecht:** What about Scarborough? Have they accepted every group home? Is Scarborough all right now?

**Mrs. Hutcheon:** Except for group foster homes. There are no group homes going into Metro until this situation becomes resolved.

**Hon. Mr. Timbrell:** What has the Scarborough council done on this?

**Mrs. Hutcheon:** They have decided to monitor the situation. Their present bylaw is to allow homes for the mentally retarded and group foster homes. Anything else is subject to individual rezoning. They are awaiting the outcome of the action by Etobicoke and North York.

**Mr. Ruprecht:** Let us assume your ministry would want to place a home in Scarborough for ex-psychiatric patients or those from other institutions. Could they do this or not?

**Mrs. Hutcheon:** Right now they could ask for a spot rezoning on an individual site basis. It would be up to that municipality to decide if it wanted to deal with it or to await the outcome of the whole Metro situation.

**Mr. Ruprecht:** Could you correct me on this? When Claude Bennett signed the bill, I understood that unless you go through with litigation every other municipality would be obliged to take as-of-right group homes within the context of as-of-right zoning. Is this correct or not?

**Mrs. Hutcheon:** No, because the Ministry of Municipal Affairs and Housing has before it the application to vary Metroplan and it has to deal with that.

**Ms. Fish:** Perhaps I could be of some assistance here. If the application to vary the Metropolitan plan had not come forward, the minister's signature on that policy statement, that amendment if you will, would have official plan status and, as such, under the present Planning Act and the Municipality of Metropolitan Toronto Act, would have required each of the area municipalities—the two cities and the four boroughs—to bring their official plans into conformity with the Metropolitan official plan. That does not speak specifically to zoning because zoning can still be somewhat different or less than the full permission that might be envisioned in an official plan.

But the major change the official plan standing would have provided is that if an application came forward and the rezoning to the full permitted use of the official plan were turned down by the municipality, the force of consideration in favour of that official plan permission is infinitely greater when the matter is dealt with by the Ontario Municipal Board; and the burden of proof—if I can describe it that way—the burden of argument tends to shift

away from the individual applicant who previously would have had the burden of argument to make the case as to why this particular rezoning should occur, and instead moves to the municipality to make the case as to why the rezoning should not occur to bring it into conformity with the plan.

**Mr. Ruprecht:** The question I have trouble with is, if the minister is going to be looking for 160 beds—

**Hon. Mr. Timbrell:** It is 120 beds.

**Mr. Ruprecht:** —then how will that affect the situation? I guess I cannot really ask her; I am going to have to ask the minister.

**Hon. Mr. Timbrell:** I just spoke to that point five minutes ago. I would anticipate that any proposals which would come forward in response to that proposal call would involve the use of lands that are zoned institutional.

**Mr. Ruprecht:** You would hope so.

**Hon. Mr. Timbrell:** In the main, I am thinking in terms of any private sector involvement in the agency program. They tend to be in nursing homes or along the lines of nursing home operations in terms of construction and design and so on. Those are institutional lands, which is a quite different matter from what we are talking about with respect to small group homes.

4:30 p.m.

**Mr. Ruprecht:** For my own benefit, for my reporting on this issue, what you seem to say is that you see no problem in placing group homes on institutional lands across Metropolitan Toronto?

**Hon. Mr. Timbrell:** No, I am not talking about putting group homes on institutional lands; I am talking about homes for special care, which are not group homes—

**Mrs. Hutcheon:** That is because of their size; they are larger.

**Hon. Mr. Timbrell:** Yes, they are usually larger. I would anticipate that when we receive the responses to this proposal call they will involve the use of lands in Metro in whichever of the six municipalities that are presently zoned institutional. If you look at the definitions of institutional in the zoning bylaws of the six municipalities, they are framed in such a way that they could accommodate, and have accommodated, HSCs.

**Mr. Ruprecht:** Okay, we will see what happens. I will hold my breath on that.

**Mr. Van Horne:** Mr. Chairman, It is 4:30 and I have a commitment at five. I understand some other committee members have commitments too. Is it your design to seek consensus on the adjournment today?

**The Vice-Chairman:** Thank you for raising it. I would like to put it to the committee as to what their wish is. We are open-ended until six o'clock. I understand the minister is available until almost six, so I would put it to the committee.

Mr. McClellan, Mr. Van Horne and Ms. Fish would prefer five o'clock. That seems to be the consensus then. Thank you, Mr. Van Horne.

**Hon. Mr. Timbrell:** What I am trying to plan for is the next meeting.

**The Vice-Chairman:** On Tuesday?

Interjection.

**The Vice-Chairman:** Is the committee agreeable to that? It would leave us about an hour short, I believe.

Interjections.

**The Vice-Chairman:** At five o'clock we would have five hours and 46 minutes left.

**Mr. McClellan:** Barring chaos on Monday and Tuesday in the House—

**Hon. Mr. Timbrell:** Or more than usual.

**Mr. McClellan:** —we should be able to finish on Tuesday, or I would say if we have less than an hour left we will finish.

**The Vice-Chairman:** I should like to get the agreement of the committee on that point because the clerk's office does have to notify a number of people involved in the three private bills we propose to address next Wednesday.

**Mr. McClellan:** As far as I am concerned we can complete it by Tuesday.

**Mr. Van Horne:** In so far as our party is concerned, Tuesday would be all the time needed and we agree with finishing at six o'clock on Tuesday.

**The Vice-Chairman:** It seems to be a consensus then.

**Ms. Fish:** Just as a clarification, I think I heard you saying that Tuesday at six is fine even though we have five hours and change left after today's sitting.

**The Vice-Chairman:** We have five hours and 46 minutes as of five o'clock today.

**Ms. Fish:** I put it to you that we might be tight even getting a full five hours in between Monday and Tuesday. You were suggesting that

if we had an hour or more left over we should continue. Could we get some sense of what the guidance will be in that regard?

**The Vice-Chairman:** What I am picking up from the opposition critics is that they are quite agreeable to rising at six o'clock on Tuesday on these estimates. Is that correct?

**Mr. McClellan:** As far as I am concerned, we can complete on Tuesday at six o'clock.

**The Vice-Chairman:** Let us charge ahead. We have a lot of ground to cover.

Are there any further questions on item 1, program administration? Does item 1 carry?

Item 1 agreed to.

On item 2, psychiatric services:

**The Vice-Chairman:** I would remind members we are talking about psychiatric services under the umbrella of institutional health services and that community psychiatric services are under the next vote.

**Mr. McClellan:** There are a number of things I wanted to pursue under this item, Mr. Chairman. I have already covered some of them and I do not propose to repeat comments I made in my leadoff with respect to some of the problems at Queen Street, although I would like to get a little bit more information about the process that is under way at Queen Street.

First, let me just clear up something that has a number of people baffled and amazed. This is the document I have been alluding to from time to time, the summary of the Peat Marwick and Partners consulting firm's preliminary report. That is what it is called at the top of this page.

It says: "On September 8, 1981, the consultants presented their preliminary findings and recommendations to the assembled department heads, service chiefs and nursing co-ordinators. The following is the summary of their report"—"their" report, that is to say, Peat Marwick's.

Without going into all of the items, I want to refer to problem area number one, catchment area. It goes on to talk about something we have talked about, the transformation of Queen Street into principally a tertiary care unit. We have had some discussion about what that means.

But then it says, "An interesting addition to the catchment area recommendation was the announcement that the ministry is considering erecting another psychiatric hospital in the Highway 400-Finch area."

**Hon. Mr. Timbrell:** Pardon?

**Ms. Fish:** You are kidding about that.

**Mr. McClellan:** I will read it again. As I said, a number of people are amazed and open-eyed.

"An interesting addition to the catchment area recommendation was the announcement that the ministry is considering erecting another psychiatric hospital in the Highway 400-Finch area." Does anyone know anything about that, apart from "the assembled department heads, service chiefs and nursing co-ordinators" at Queen Street?

**Hon. Mr. Timbrell:** Apparently that arises out of Cluff and Cluff, the consultants engaged to work on the Whitby redesign. Apparently the consultants made some comments to the effect that perhaps—and this is not our policy—

**Mr. McClellan:** Ms. Fish and I remember Cluff and Cluff from a previous incarnation. Do you want to talk about that?

**Ms. Fish:** Moving right along, it was a recommendation of the consultants?

**Hon. Mr. Timbrell:** No, it was not a recommendation. Apparently something they talked about was that perhaps we should look at splitting up Whitby. Rather than rebuilding a 400-and-some-bed hospital at Whitby, maybe it should be split up into two parts and one part built out at—was that the area they are talking about? I was not even aware of that, and that is not our policy.

**Mr. McClellan:** What is your policy, just so that everyone is clear? This has had fairly wide distribution.

**Hon. Mr. Timbrell:** We are not going to build a psychiatric hospital at Highway 400 and Finch, period.

**Mr. McClellan:** All right.

There is confusion with respect to two points. First, what is happening with the satellite care programs at Queen Street? Are their budgets being reduced? Are there plans to withdraw in any respect from that set of initiatives?

I am sure the minister is aware that some of us have received communications from people on the boards of the satellite services expressing anxiety about the future of the programs. I assume that anxiety has a source and I am curious to know why people feel the satellite programs are somehow under the gun.

First, are they and, second, why would people feel they are if they are not?

**Hon. Mr. Timbrell:** Perhaps Mr. Cardiff could answer that.

**Mr. Cardiff:** First of all, there has been no reduction at all in their budgets or their staffing. Secondly, they are not under the gun in any way.

As you know, there is a study going on by Peat



Marwick at Queen Street. They are looking at all the services we provide at Queen Street to ensure that those services are meeting their objectives. As well as looking at the internal departments, part of this review is looking at the satellite functions. If a satellite function is not meeting its objectives, this will show up in the review by Peat Marwick. If some of them need additional support services and staff, that will show up as well and appropriate measures will then be taken.

I think that what you are just seeing is the concern people have whenever this kind of review is undertaken.

4:40 p.m.

**Mr. McClellan:** When staff in a particularly difficult front-line service and the volunteers who are providing backup support feel their services are not appreciated and they are under the gun, is it not a relatively simple thing for management to go in and offer reassurance that is not the case?

**Mr. Cardiff:** I do not think it is a relatively simple thing. Measures are being taken to try to allay their fears and to assure them of the importance of their services. There are various ongoing meetings. There has recently been a meeting between the administrator and the medical director to which all the staff of the institutions, including the satellites, were invited, without Peat Marwick present, to ask questions and eliminate whatever fears they might have and to get factual information out on the table.

We are working on it, but it is never a simple process. These things are always complicated.

**The Vice-Chairman:** Ms. Fish had a supplementary.

**Ms. Fish:** The suggestion has been made to me by some of the voluntary sector providers that there has been the equivalent of cutbacks in staff by virtue of decisions being made at the hospital with respect to the hours that staff can spend when they go out to work in a community among agencies and which staff with what training can go. The suggestion has been made that that kind of re-examination has been heightened or focused on by the Peat Marwick study and by what was alleged to be a virtual freeze on activities at Queen Street. I wonder if you could speak to that.

**Mr. Cardiff:** Yes. There have been no orders or directions with respect to what staff should be treating what levels and that type of thing. One function the consultants are definitely

looking at is are we using the appropriate skill levels to treat degrees of illness commensurate with that skill level? There is no sense using an RNA for a very complex problem, and vice versa.

That point of view is being looked at and will come forth as part of the recommendation when Peat Marwick finish their study.

**Ms. Fish:** When you say there has been no direction to reduce or to alter, do I take it you mean by that there has been no ministry direction to the hospital, or there has been no direction from the senior management in the hospital to their own staff?

**Mr. Cardiff:** There has been neither with respect to what skill level should be treating what kinds of patients. With respect to the staffing, we have put a hold on staff recruitment for a couple of reasons, but primarily to try to give the consultant an opportunity to study the situation in a relatively static condition rather than trying to deal with highs and lows and this type of thing.

The other reason is that we are anticipating that in some areas there may be surpluses and in some there may be deficits. In order to give us as much flexibility to deal with whatever recommendations the consultants put forward, we would like to try to freeze the situation at a particular time for the period it takes to do the study.

The freeze has been lifted with respect to medical staff at the moment and the consultant study is expected within 10 days or two weeks. I would imagine that those concerns you are alluding to will be eliminated the minute that study comes in and we start to address some of the specific issues it raises.

**Ms. Fish:** Do I correctly understand then, if I could just pin this down, that you are saying that while there has been a freeze on hiring new staff there has been no reassignment of existing staff with respect to their service in the communities and attachment to the agencies?

**Mr. Cardiff:** Not specifically related to this study or to any other major issue. For example, we are using some internal staff to function in the new assessment unit to try to get people in there as quickly as possible and to function in that area. We have transferred staff, but that sort of transfer takes place normally in an institution of that size in the dynamic kind of environment it functions in.

**Ms. Fish:** Who then provides the service, or were any of those staff members previously

providing a service to the community agencies directly in the community? If they were, are they still doing it with their reassignment? Has someone else been plugged in, or has there been a removal from the community?

**Mr. Cardiff:** It has not been removed. We may have assigned a higher priority to the assessment unit for the short term while we recruit that type of staff, where we may be running overtime. I am not sure specifically how that particular example is functioning, but in no way have any services been withdrawn as a result of this. They have been covered off in some way.

**Mr. McClellan:** I want to stop you at that point and refer to the letter that was sent to you on September 23 by Freddie Hamilton, Joanne Copeland, Joanne Campbell and Ellen Medlar, representing each of the advisory boards to the four. I believe it was a letter sent to Mr. Timbrell. It is re the staff increase in mental health satellite programs.

They state: "Our ability to function effectively is seriously hampered by the current staff freeze. For example, one of the satellites no longer has a regular psychiatrist assigned to it and a full-time social worker has not been replaced. Another satellite has had a full-time social worker position reduced to half-time and has lost a full-time nurse. We would like to meet with you to discuss our concerns further." Then they go on to say they would also like to discuss the Peat Marwick study—and maybe I will come back to that in a minute—which is the source of the anxiety in the first place.

Surely that contradicts the statement you have just made.

**Mr. Cardiff:** No, I do not think so. The freeze was a selective one in every case. Any time a particular situation involving turnover came forward, the request for replacement was considered by the administrator. If, in his opinion, services were being reduced or untoward circumstances were developing he had the authority to replace that individual. It was not a hard and fast freeze. It was done with reasonable discretion.

**Mr. McClellan:** Have these positions been replaced? First of all, Mr. Minister, did you meet with the boards?

**Hon. Mr. Timbrell:** I have not met with them yet. As I recall, I wrote back and indicated, once the review was completed, that would be an appropriate time to meet them. I shall be meeting with them though.

**Mr. McClellan:** It is not a very satisfactory situation. The Peat Marwick report—again, I do not have the report; I have the summary prepared by I do not know who—makes a reference to problem area number six: outpatient services, day care, aftercare, follow-up and satellites. That little section starts by saying, "The services are unco-ordinated and in conflict with one another and with services offered by other community agencies." There is some general discussion, and then they make the following conclusion, "Satellite programs have three options. They may go under a community board, they may join with another community agency, or they may become part of outpatient services at Queen Street."

It seems two of the three options Peat Marwick has dumped on the table are to send the satellites into orbit on their own. That is what it says. They can cut off and go under a community board or they can amalgamate with another agency or they can become part of a recentralized outpatient service.

4:50 p.m.

I do not understand what theory of management it is that puts these kinds of choices to those in as stressful a job as front-line workers in a mental health centre. Then the whole process is cloaked in an atmosphere of secrecy, so all kinds of speculation develops as to what in the hell is going to go on. Then the process is extended over a long period of time.

This is dated September 8, 1981. We are now nearly into December and we do not know when we are going to get the final report from Peat Marwick which will indicate what the state of the workers and of the process is. Then we have members of the advisory board writing to the minister as long ago as December, telling him the programs are being cut. If you wonder why Queen Street is in a state of turmoil, the explanation is no secret.

**Mr. Cardiff:** Yesterday you made the point, I think, that you were worrying about institutionalization gobbling up the community programs. I think we have found through experience in the last few years that a number of these programs function better and more effectively under community boards.

There is a constant effort on our part in institutions to try to locate these programs where it seems appropriate. In some of these cases, some of these programs are requesting or preferring to go autonomous to the institution.



The role of the consultant is to try to tell us where the best and most effective place is for these programs to function.

I do not think there is any element of secrecy going on. The consultants, as the minister explained, have gone around and interviewed the senior members—and in many cases some of the less senior members of almost all the programs associated with the hospital—with an open dialogue, explaining what they are doing, why they are doing it, how they are doing it, and asking for reaction accordingly. There has certainly been no secrecy on the part of the consultants.

With respect to regular follow-up or information meetings with the consultants, there have been progress reports submitted on a regular basis, and as I mentioned a minute ago, independently of the consultants' report, Mr. Wilson, Dr. Durost and other members of the senior management group have made themselves available to public meetings of the staff.

There is certainly no attempt at secrecy. That may be perceived, but we have tried to avoid that and be sensitive to the concerns usually associated with these kinds of studies.

**Mr. McClellan:** How would you describe morale at Queen Street?

**Hon. Mr. Timbrell:** I do not think it is possible to avoid apprehensions on the part of some people. Once we make the decision to look at a facility, once we say we are going to bring in consultants and examine the role which this hospital and all its affiliated services is playing, the interrelationships between various parts of the hospital and whether or not there would continue to be geographic services versus specialized units, we obviously raise all kinds of apprehensions.

In a way, you are making the very point I was making the other day when you were saying, "Will you release the report and go through further consultation process from the point you receive it until some unknown point in the future?"

If you recall, I stated to you that when I get that report—and I have not got it yet—one of the things I have to decide is whether that would be useful or whether we should remove these fears and uncertainties and say this is the role which the government, being responsible for the Queen Street Mental Health Centre, has determined for it and then get on with the implementation. In a way, as I say, you are making the very point I was making the other day.

**Mr. McClellan:** I do not think I am. Nobody would be aware of anything except the turmoil if it had not been for the fact a Globe and Mail reporter, Charlotte Montgomery, was inadvertently shown a copy of the Peat Marwick report at the hospital and subsequently this document was—

**Hon. Mr. Timbrell:** With respect, I think OPSEU, for instance, has included references to this in any number of news letters going back over any number of months. They have been aware.

**Mr. McClellan:** I am talking about the content of the preliminary report.

**Hon. Mr. Timbrell:** It has not been hidden.

**Mr. McClellan:** At any rate, I simply say in all my years I have never seen an institution with such a bad state of morale. My working life in the field goes back to the early 1960s and I have never seen anything like it. For whatever that is worth, I put it to you.

Let me change to another topic briefly, the question of security. How many security people are there at Queen Street?

**Mr. Cardiff:** During the day there are three, in the evenings two and at nights, as I recall, two and two.

**Mr. McClellan:** That is what I thought.

**Mr. Cardiff:** There are in excess of 50 doors.

**Mr. McClellan:** That was going to be my next question. Do you not think that is kind of weird? How else do you describe this situation?

**Hon. Mr. Timbrell:** Do we put a guard at every door?

**Mr. McClellan:** You tell me how you protect your involuntary patients in a situation in which there are three security guards and 50 doors?

**Hon. Mr. Timbrell:** I am not sure whether we go to some kind of an electronic system.

**Mr. McClellan:** That was going to be my next question. I understand there have been proposals for some electronic backup equipment.

**Hon. Mr. Timbrell:** I think one aspect of what they are supposed to be recommending to us is what would be the best way to do that, whether it is by cameras or—

**Mr. McClellan:** Who are they?

**Hon. Mr. Timbrell:** The consultants. It is incredible to me that such a new building could have been designed the way it was. I suppose it



was to reflect the operating philosophy that existed a decade ago, the geographic services, the—

**Mr. McClellan:** It was not a decade ago.

**Hon. Mr. Timbrell:** Yes, the design.

**Mr. McClellan:** Yes, you are right. I was on a committee, and I had forgotten how long ago it was, trying to stop the construction of that piece of idiocy. The design was, as you say, absolutely nonsensical, four towers—

**Hon. Mr. Timbrell:** What was your alternative at the time?

**Mr. McClellan:** Smaller facilities and an increased reliance in a genuine sense on a comprehensive community-based support system instead of that massive capital project

which, as you have just said, was basically screwy in its design. There is no other way to describe it.

We are stuck with it now and we have to try to live with it and try to make some sense out of it. I hope some of these problems—we will come back to it on Monday—do not have to wait another five or six months for resolution. Some of them seem reasonably simple.

**The Vice-Chairman:** Is it the wish of the committee to come back to psychiatric services on Monday?

**Hon. Mr. Timbrell:** I suspect so.

**The Vice-Chairman:** This committee stands adjourned until Monday following routine proceedings.

The committee adjourned at 5 p.m.

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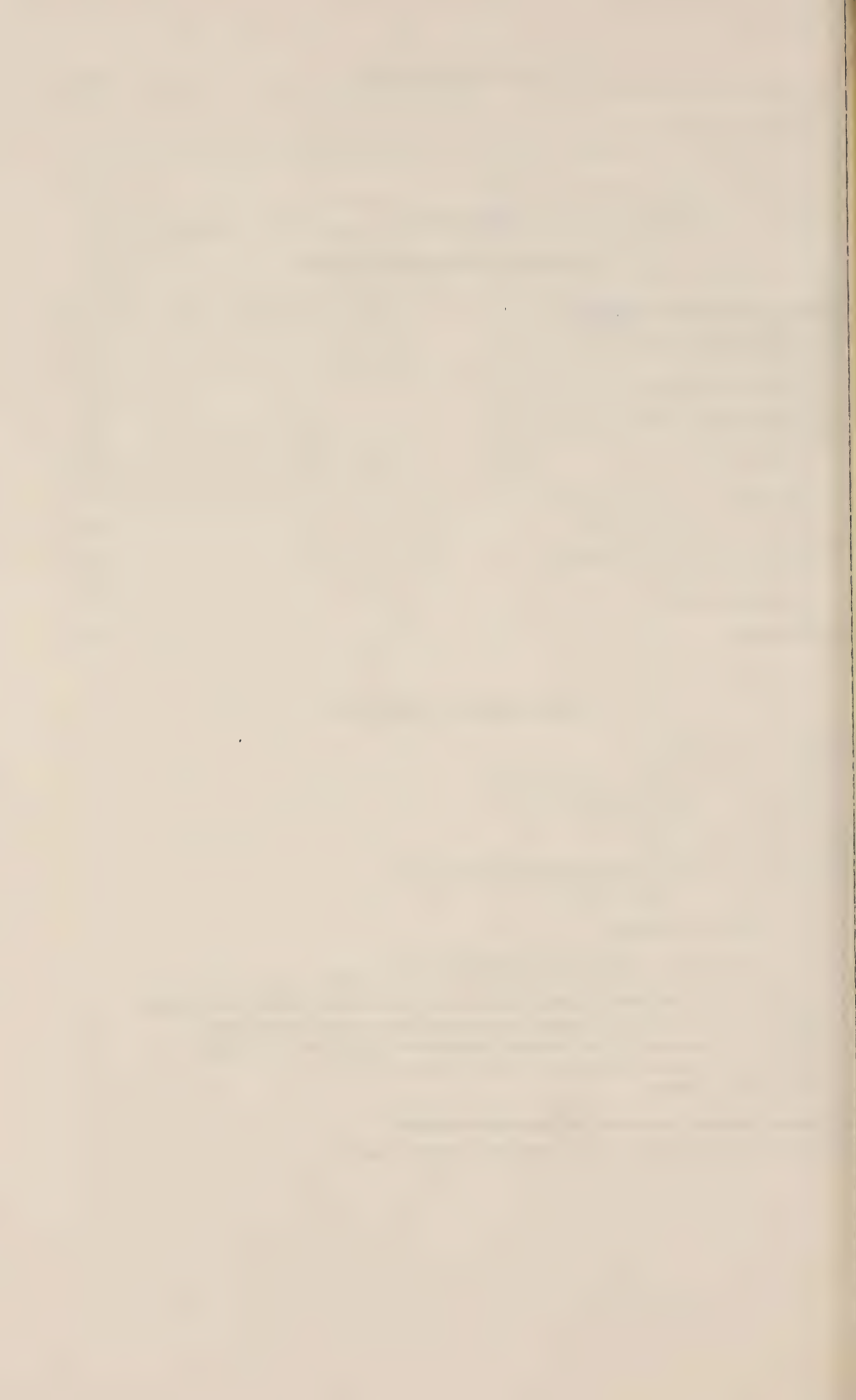
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Hutcheon, J., Senior Policy Analyst, Secretariat Policy Branch



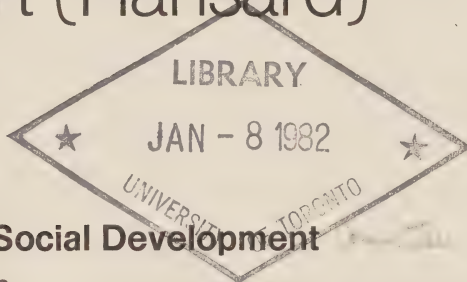




No. S-29

# Legislature of Ontario Debates

## Official Report (Hansard)



### Standing Committee on Social Development

Estimates, Ministry of Health

**First Session, Thirty-Second Parliament**

Monday, November 30, 1981

Speaker: Honourable John M. Turner

Clerk: Roderick Lewis, QC

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Contents of the proceedings reported in this issue of Hansard appears at the back, together with an alphabetical list of the speakers taking part.

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Monday, November 30, 1981**

The committee met at 3:25 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF HEALTH (continued)

**The Acting Chairman (Ms. Fish):** I will call the meeting to order.

On vote 3202, institutional health services program; item 2, psychiatric services:

**Hon. Mr. Timbrell:** Just to catch up on a couple of things, one of the opposition health critics, and I cannot recall which one, raised a question about how the various research projects which are under way at this time in one way or another are being funded by the ministry, so I have given that material to each of the two critics. May I table a copy with you so that in case any other member wishes to have a copy it is available to be reproduced for him. It is fairly extensive. I do not think you would want to make a copy of it.

**The Acting Chairman:** We will file that with the clerk then.

**Hon. Mr. Timbrell:** Another thing is that Mr. McClellan raised a question about relations with the Ombudsman. We checked that and I will quote into the record the answer I got from my staff. It says: "While the ministry and the Ombudsman presently have several matters under discussion, I am not aware of any other recommendations made by the Ombudsman which the ministry has denied." I hope that is satisfactory. That concludes that answer.

Finally, Mr. Van Horne was concerned about the Amyotrophic Lateral Sclerosis Society proposal for a grant. Dr. George Connell has agreed to meet personally with you, Mr. Van Horne, to explain the deliberations of their health research review development committee. The best thing would be if I just give you these notes. They are a chronology of the consideration of the ALSS proposal. Perhaps you would like to make arrangements through Dr. LeBlanc of my staff to meet with Dr. Connell when you are home probably because, as you know, he is at Western.

**Mr. Van Horne:** I know him very well.

**Hon. Mr. Timbrell:** That was all I had.

**The Acting Chairman:** That is it then, Mr. Minister, on interim replies?

**Hon. Mr. Timbrell:** Yes.

**The Acting Chairman:** I do not have a speaker's list before me. I do not know whether on adjournment last day there was an outstanding list, but the best we can do is start a new list. Is there anyone wishing to ask questions? Yes, Mr. McClellan.

**3:30 p.m.**

**Mr. Kennedy:** How general is the discussion for each point, Madam Chairman? I wanted to get on and ask questions on accommodation generally in hospitals.

**The Acting Chairman:** In respect of psychiatric services?

**Mr. Kennedy:** No, not specifically.

**The Acting Chairman:** If you will permit me, Mr. Kennedy, I did recognize Mr. McClellan and we will proceed with his questions. I will confer with the clerk as to the appropriate item on which we might bring up more general questions. We could advise members so that they might be aware that there are people wishing to ask questions in another area. Is this acceptable to you?

**Mr. Kennedy:** Yes.

**Mr. Van Horne:** Madam Chairman, I would submit that most of the general questions would come under vote 3202, item 4.

**The Acting Chairman:** I expect that is probably right, but give us a moment while Mr. McClellan carries on with his questioning and I will advise the committee of my suggestion.

**Mr. McClellan:** Thank you, Madam Chairman. The first question I want to raise has to do with the amount budgeted for psychiatric services. I do not think I have raised this previously. If we look at the estimates book, we find \$246.2 million was estimated this year. Last year the actual expenditure was \$243.6 million. I work that out to be a percentage increase of 1.08.

With inflation running at whatever it is, 10, 11 or 12 per cent, I would like to know where the cutbacks are going to come. If you are not



funding to the level of inflation, if you are funding at a figure that is so drastically below the level of inflation, that is a cutback budget. I would not quibble so much if it were one or two points, but we are talking about probably nine or 10 points measured by the consumer price index. I would like to know how you expect services to be maintained with that kind of an increase and where you anticipate shortfall savings, constraints or cutbacks, to use your own language, to come from.

**Hon. Mr. Timbrell:** I guess it depends on what base you start with. If you compare estimates to estimates, it is quite a different percentage figure to what you are discussing now.

**Mr. McClellan:** Right.

**Hon. Mr. Timbrell:** When Mr. Cardiff gets here, he can go into more detail about actual operating expense, but in the current year we have been carrying out reviews of our operations in the whole of the system, not unlike what we have over the years insisted the public hospitals do. In other words, we are looking at our administration, looking at laundry, looking at dietary and looking at all aspects of support services to find ways to offset increases from within. We have been doing that. For some reason Mr. Cardiff is not here yet, but if you want any more detail, he can provide that once he arrives.

**Mr. McClellan:** I have some other things I could raise. Perhaps we could come back to that when Mr. Cardiff arrives. I guess we are starting a little early.

**Hon. Mr. Timbrell:** They may have assumed it would be like last week, when we were not starting too early.

**Mr. McClellan:** Yes. I do not know how much I can do in the absence of Mr. Cardiff.

**Hon. Mr. Timbrell:** He has just arrived.

**Mr. McClellan:** Fine. Let us go back to where we were before.

**The Acting Chairman:** Do you want to step back to that question?

**Mr. McClellan:** Yes. I will repeat it for Mr. Cardiff's benefit.

**Hon. Mr. Timbrell:** Maybe I can just fill him in. Mr. McClellan was raising questions relating the 1980-81 actual to this year's estimates and had calculated that as a percentage increase of 1.08, as opposed to relating estimates to estimates, which is a different figure.

Before you got here, I was saying that this year with our hospitals we have been doing what

we have been insisting the public hospital do, in other words, looking at their operations to find ways to achieve greater efficiency and to fund some of the increases from within. I said if he wants more detail you may be able to add to that.

**Mr. Cardiff:** That is the essence of the discrepancy.

**The Acting Chairman:** Are there further questions, Mr. McClellan?

**Mr. McClellan:** That does not help me very much. The fact remains that by the end of fiscal year 1982, unless there are substantial supplementaries, there will be a substantial cutback in terms of the purchasing power of the health dollar. I do not know how you get around that.

**Hon. Mr. Timbrell:** I guess one of the acid tests with our system, as with any, is whether they would pass muster when it comes to accreditation. What we are saying to you is that this year, as in a number of recent years in this and in other aspects of the operation of this and other ministries, we have been investigating and applying ways and means of improving on our own efficiency. The acid test is when the accreditation teams come in to look at any of our hospitals and find glaring deficiencies in the area which is most important to you and to us, namely, patient care.

In my experience, and Mr. Cardiff can correct me if I am wrong, I can only recall once where we had an accreditation review which resulted in less than a two- or three-year accreditation, three years being the maximum. That was about two or three years ago when the accreditation review of the Lakehead Psychiatric Hospital revealed some problems, which we immediately corrected based on the accreditation review. I am not aware that there has ever been another instance like that because we obviously have to keep patient care and staff safety first and foremost in our minds in anything we do.

**Mr. McClellan:** Do we have the difference between the estimates and the actual? Were there supplementary estimates for this vote and item or was it done by a ministerial warrant? I am just curious. The purpose of the question is to understand what the additional expenditure was related to.

**Hon. Mr. Timbrell:** I do not recall that they were in supplementary estimates. I think they must have been between sessions. It seems to me that part of this may relate to the program on

the homes for special care-mental retardation review and the follow-up to that. I think some of that is in there.

**Mr. McClellan:** That would not account for that much money. In any rate, obviously there is some kind of an impasse here. I simply predict difficulties with that kind of an increase and that size of budget.

The other matter is the question of noninstitutional alternatives—not to harp on it because I have raised it a couple of times already—and the apparent rigidity of your approach in relation to homes for special care. I do not know whether it was a slip of the tongue or whether you had intended to do so, but you talked about homes for special care facilities as high support services. I am sure it was a slip of the tongue.

You know as well as I do that homes for special care are not high support services. They are not even medium support services. They are residential facilities with virtually no services other than minimal custodial services. It is not possible to provide either moderate or high support services under the per diem formula attached to homes for special care. Do you dispute that? You are frowning.

**Hon. Mr. Timbrell:** I am frowning because we are probably starting from different places. When I talk about high support, I am thinking of the intermediate level of the HSC program, which is essentially a nursing home based program and which is a more secure, more supervised setting than the parts of the HSC program which are in twos and threes and fours, or whatever number, in private homes. It is of the intermediate that I am thinking.

3:40 p.m.

Last week we got into the fact that—I think Mr. Ruprecht raised the point as well as yourself—there are now emerging some proposals for both the housing component and onsite programming. To this point, that has not been part of our HSC program. I indicated that having completed last year the mental retardation component of HSC, or at least the review of the MR component of HSC, we have now turned our attention to the psychiatric component, and that review will be complete very soon.

With the number of proposals which have come forward, we will obviously have to answer the question for ourselves. We must decide whether for the future we want to expand the HSC program beyond what it has been, which is a housing program essentially, some of it more

secure than others, particularly those parts of it which are in the nursing homes and for which to this point programming has been offsite.

In other words, you might live in one facility and have to go elsewhere, perhaps to an outpatient program, or to the hospital or to some community-based program. We have to decide whether that should continue to be the model. I think it would likely be a mixture eventually. That decision will be made fairly soon.

The difference is that the figures shown for 1980-81 estimates did not include the salary settlements. I gave you the actual, \$243 million. The estimate without salary settlement is \$246 million. Once we have the settlements, that will increase that vote.

**Mr. McClellan:** Getting back to HSC, I am trying to understand the adequacy of your per diem in the context of what I perceive to be the cessation of negotiations with respect to the Supportive Housing Coalition's proposal. Without wanting to intrude myself into the negotiations for rhetorical purposes or anything like that, my understanding is that one of the difficulties in the negotiating process was the requirement that you are in effect stuck with, that is, that funding take place on the basis of the per diems established under the homes for special care program, which is to say \$28.94 per day.

I tried earlier in the estimates to contrast that with the flexibility that seems to be available in other ministries when they talk about a mix of basic residential care plus additional support services. They are not locked as inextricably into a preset per diem and would obviously have sufficient flexibility to take a look at the specific program needs of a specific group of clients and to get into a negotiating process that has that kind of leeway. The point I am raising is that I do not see your having that flexibility in your own program.

**Hon. Mr. Timbrell:** At the present time I am acknowledging that. I do not have the figures at the tip of my tongue, but as I recall the figures for the Supportive Housing Coalition, if you take out the program component of what they are proposing, then the \$28.94, I believe, is very much in the ball park with respect to HSC as HSC has existed, namely, as a housing program, even at the intermediate level, which is the more supervised level.

The policy question for us, the fundamental one, as I said a few minutes ago, to be answered at the end of this current review of the HSC

program is whether we will in the future have a second phase or a subset of the HSC program that would include some programs which are both housing and program as well. You are quite right in saying that in the other ministries, particularly Community and Social Services and, I suppose, the Ministry of Correctional Services, a great many, if not the majority, of their programs are both. Whatever service is provided is provided onsite.

**Mr. McClellan:** I suppose the irony is the sense in which the model was pioneered with children's mental health services when they were in your ministry.

**Hon. Mr. Timbrell:** With respect, I think maybe we are dealing with a different population in that more of them are more likely able to function in the community and to travel from residential location to program location safely and reliably, as opposed to dealing with children whom obviously you are likely not going to house in one place, given the numbers that are usually in these programs, and transport elsewhere, or with schedule 1 and schedule 2 facilities for the mentally retarded.

I think we are dealing with quite a different population. In fact, we are dealing with a population which presumably we are trying to ensure does not become totally institutionalized in their outlook. That is why we want to get them out of the large psychiatric unit or the large psychiatric hospital into some form of community setting.

**Mr. McClellan:** I understand that. Whenever we talk about this, either here or in the House, you always come back to the basic argument that the entire population of ex-psychiatric patients does not need additional services, either housing or additional support services. Nobody disputes that. What we are talking about is the minority. Again, we both concede we do not know how large this minority is, but we both concede there is a minority which requires both residential support and additional program support in the broad sense. Yet in 1981, 15 years after we made some kind of a commitment to deinstitutionalization and community-based mental health programs, you are still in the position of not even having a legislative framework for the provision of housing plus services on any kind of a flexible basis.

**Hon. Mr. Timbrell:** I am acknowledging that, but I am also saying, with respect—

**Mr. McClellan:** Let me finish the point, just so that you will know what my concern is more

precisely. Now we have a situation of crisis. People have talked about the crisis and various aspects of it, and you are moving to proposal calls, I guess this week, without having your policy in place. So you are going to be making proposal calls for a whole bunch of additional homes for special care beds. I understand that in the past you have had real difficulty in getting people to even bite on homes for special care proposals at these per diem rates.

At any rate, even if you get a good response at the current round of proposal calls at \$28.94 per day, you are not dealing with the problem of additional support services; you are simply providing housing for people who are either not housed or underhoused. There is obviously a serious gap.

**Hon. Mr. Timbrell:** Not necessarily, with respect. Implicit in your line of questioning and your logic is the assumption that the program should be changed so that every HSC location—

**Mr. McClellan:** I did not say every one. I am talking about flexibility. Do not put words in my mouth because I am not saying every HSC.

**Hon. Mr. Timbrell:** All right. I am just telling you the impression I am getting from what you were saying. It seemed to me you were saying that the agency programs should become in total, or in the main, combined residential. I do not think that by going to proposal calls now, any more than with the efforts we expended in July, August and September to find some other accommodation around Metro, which were unsuccessful, that shuts the door on any potential changes.

3:50 p.m.

I would think that out of our review will likely come some such flexibility. But I am concerned lest anybody get the impression that all future HSCs have to be residential and programmed because it seems to me then you really are creating a small, insular institution. The whole idea of the program surely is to get them out of institutions and functioning, albeit not in an optimal way—but hopefully eventually in an optimal way, at least optimal for the individual—without dependence on the institution.

Please accept that as a legitimate concern on my part.

**Mr. McClellan:** Yes, and I have. I am obviously not communicating. I do not know how many different ways I need to say that I am not talking about an omnibus program for every single ex-psychiatric patient; I do not think anybody has ever been talking in those terms.



All we are saying is that there are a number of chronically mentally ill people who are at present in our communities. We do not know how many we are talking about. People have speculated that there are between 100 and 300 at serious risk just in terms of basic housing, let alone additional support programs, and that for some of these folks a residential care program with built-in support programs would be really useful.

The difficulty that remains is that if you continue to polarize it between, "Either you are able to cope on your own in the community," and "You should not be in the community at all; you should be back in the institution," then you get into a black-and-white situation that is totally destructive.

One of my concerns is about the Peat Marwick proposal to move the Queen Street facility totally in the direction of chronic care.

**Hon. Mr. Timbrell:** It is not totally.

**Mr. McClellan:** That is the way I read it and that is the way it is being interpreted. If that is incorrect, that is fine. But the concern is still there that because you are unable to provide an adequate network of support services for chronically mentally ill people, the only alternative then is to move them back into the institutions and to turn the Queen Street Mental Health Centre back into a basically custodial facility.

That is the kind of black-and-white polarization that many of us are afraid you are heading for. You say: "Well, community mental health did not work. There are a lot of very crazy people in our society who are wandering around without adequate facilities so we are going to have to move back and backtrack and reinstitutionalize them."

As long as you continue to say as a matter of policy, "We are not going to provide anything other than the most cursory kind of after care for discharged psychiatric patients"—and again we are talking about that minority—then we are down the road another step towards that basic polarization.

I am not sure whether I am getting through to you or not, but I think there are sufficient danger signs that those of us who have a commitment to alternatives to that black-and-white institutional framework had better move quickly to get some meaningful community support programs in place.

That is an "uproar" building, and it is reflected politically in parts of my constituency, parts of Parkdale and parts of many communities throughout the city because it is based on a sense that

the situation is somehow out of control and that people are somehow at risk, not only patients but increasingly, I think, it is sensed that other people are at risk as well.

**Hon. Mr. Timbrell:** First of all, on the role of the Queen Street facility, you remember the information that has been circularized by the union and discussed in the press. In fact, the consultants have been discussing a primary care role for the Queen Street hospital and suggesting a particular area of the city which should be their responsibility for primary psychiatric care. They have been talking about the secondary care role and discussing a larger catchment area for that and then, finally, their tertiary role, and tertiary care is not the same as chronic care.

It would be helpful if Mr. Cardiff could give us a thumbnail sketch of primary, secondary and tertiary care and what each means.

**Mr. Cardiff:** Primary care is short-term, acute care, the emergency type of care, the kind that is normally associated with general hospitals. In this particular case the consultants' recommendation is that in the immediate catchment area, which is quite substantial—I cannot remember the exact numbers, but it is well into several hundred thousand—the Queen Street Mental Health Centre would be the primary mental health institution for that population.

The secondary types of programs are the kinds of programs that are a little more complex, a little more involved than the general type of hospital programs. Tertiary care is highly specialized, the kind you would normally associate with the university. With an institution the size of Queen Street and with the case mix it has, it is anticipated that it should specialize and provide provincial or tertiary care services in a number of very selected programs that are not in existence at the Clarke or other highly specialized institutions.

In addition to that, there is chronic care, and there will always be an element of that in our treatment programs. We would have a certain number of beds designated for the catchment area for chronic patients.

**Mr. McClellan:** That is helpful, but it would be even more helpful to have the whole Peat Marwick report rather than your trying to explain the document I have, which says "tertiary care, i.e., long-term chronic care." That is what it says; I am simply reading from it. This is something that was prepared by department heads. I am simply arguing again for the release of the whole Peat Marwick report so that we

have the information base on which to have a coherent discussion rather than having to rely on what appears to be fragmentary and inadequate information about what is contained in the Peat Marwick report. This thing says specifically that tertiary care is long-term chronic care and that 60 to 70 per cent of all beds will be tertiary care, i.e., long-term chronic care beds.

**Hon. Mr. Timbrell:** I do not know who prepared that.

**Mr. Cardiff:** That same error was in the media. When the *Globe and Mail* came and asked about that, we corrected that for them, and in the report they published they did have that matter correct. This information you have been provided with is the same information that certain members of the staff at Queen Street had provided the media as well, which is false.

**Hon. Mr. Timbrell:** Let me respond to that part of your question. I share your concern about this black-and-white phenomenon. Whether you accept it or not, the fact is that there has been a marked expansion in the outpatient programs and community mental health programs, not just at Queen Street but particularly in the Queen Street catchment area. As well, there have been the efforts of the provincial government to get local bylaws changed so that the city of Toronto, particularly the west end of the city of Toronto, would not be the sole repository of alternative housing in Metropolitan Toronto, because at the present time, as you know, you have to jump from the city of Toronto to the region of York before there is any zoning which is compatible with alternatives.

All of these things, I would submit to you, are evidence of the government's intent to avoid that kind of black-and-white polarization which you describe. We discussed the zoning and planning problems last Wednesday when Mrs. Hutcheon was here. Getting there is no simple task when it involves challenging, as we are at Queen Street, some long-held concepts of what that hospital's role is to be. To be sure, the evaluation has challenged it, and I expect the decisions arising from it will change in a great many ways the things that have been done. Whenever you interject change into any organization, particularly one as large as that, it would seem by some to be threatening and they react accordingly.

4 p.m.

**Mr. McClellan:** Again, the problem remains for me that the policy is not yet in place and it is

not as though it has been newly brought to the government's attention. I could go through a list of reports and studies that have been done in the metropolitan area going back at least to 1976 when CRC, the community resource centre, did the first paper—at least the first I can recall—about housing for emotionally disadvantaged adults. It talked about the necessity of a range of different kinds of housing support programs. People have been repeating that theme in study after study ever since and probably before. My recollection only goes back that far.

Here we are in 1981 with an indication that we will again have a policy from the task force when it reports—whenever. In the meantime, you are going ahead trying to deal with a crisis situation without the policy in place and without the program framework to be able to respond until your task force reports some time in the new year or in the spring with the new policy. It is really becoming an interminable process.

**Hon. Mr. Timbrell:** We have completed the first part of it, taken decisions and started to act with respect to the mentally retarded component. I think if I were sitting on your side of the table and you were sitting here, I would be more critical if the minister were saying we cannot do anything until we finish the review because everything is frozen. That would be even less desirable.

**Mr. McClellan:** That is obviously not an option for you because of the urgency of the situation in 1981. The problem is—and I will conclude on this note—that you are acting, and we are pleased that you are acting, only when events have transformed themselves into a state of crisis so that you have no other choice and where people are obviously at risk. That is why you are finally starting to get your act together. It would be a little more reassuring if we saw some evidence that planning is taking place in advance of the crisis rather than in the midst of the crisis.

**Hon. Mr. Timbrell:** May I just add one other thing. Earlier we were talking about the Supportive Housing Coalition proposal. Two other elements that make their proposal more expensive than the usual homes for special care are that they have included in their proposal, which comes out to around \$34 or \$35 a day, six housing finders, whom we are dealing with at Queen Street, and one executive co-ordinator or executive director or whatever. The salaries of these seven people collectively will have, I would think, to amount to a difference of a

minimum of \$100,000 a year. As far as the housing component is concerned, we are following that at Queen Street. It is possible—I do not say it is an alternative—that their proposal will be a duplication of what we are doing. The housing finders would not be a supportive program.

**Mr. McClellan:** I do not want to intrude myself into the process of negotiation, and I mean that quite sincerely. I had an opportunity to read the proposal and I was, quite frankly, very impressed with the total package. If I am correct, the total package averages out at a cost per diem that is less than—I cannot find it in my notes here, but I thought I had worked it out so that it was actually less even than \$28.94 if you took the whole package. There is a range starting at something like \$14 something and extending up to \$40 something. That is the whole package they have before you.

I simply want to offer the hope that you will continue to look at that set of proposals because I happen to believe it is the most interesting set of alternatives that has been put forward in this area for some period of time. I think it would be really unfortunate if the opportunity was missed for whatever reason. I just express the hope that these negotiations can continue and that they can come to some fruitful conclusion.

**Mr. Chairman:** Thank you, Mr. McClellan. I believe Mr. Ruprecht is next on the list.

**Mr. Ruprecht:** Mr. Minister, I made some general statements last time about after care programs. Is it possible to be a bit more specific on that and provide me or this committee with a breakdown of how much money in this budget you are actually spending on after care programs and specifically the types of programs that are in your expenditures?

**Hon. Mr. Timbrell:** I think we gave that last week. Somebody was asking for an analysis of the community mental health programs and I read them all into the record.

**Mr. McClellan:** We have a list of the programs. We may have got it, but I do not know whether we had a budget breakdown or not, project by project.

**Mr. Chairman:** A list of the projects you provided was distributed to every member of the committee. I do not know whether you were present then, Mr. Ruprecht. The clerk will certainly provide you with a copy.

**Mr. Ruprecht:** Is the life skills project in the statement you provided?

**Hon. Mr. Timbrell:** Yes.

**Mr. Ruprecht:** Will you be expanding these programs? Is that part of the package?

**Hon. Mr. Timbrell:** Yes. We announced late last week approval of four new programs.

**Mr. Ruprecht:** You are expanding the programs in after care and after care facilities. Will you also expand the life-skill programs where people can have access to a nurse and be shaved and some even be clothed and dressed so they can go out into the community?

**Hon. Mr. Timbrell:** I am not sure that is the usual definition of life-skill programs. Life-skill programs are usually programs aimed at teaching people the skills of daily living, whether it is personal hygiene or shopping or dealing with the transit system or whatever.

**Mr. Ruprecht:** Is that in the budget now and will that be part of it?

**Hon. Mr. Timbrell:** This is part of various programs now. If you want particulars on any of them, just let us know. That sort of activity is part and parcel of a number of programs now.

**Mr. Ruprecht:** Yes, but will that program be expanded?

**Hon. Mr. Timbrell:** That type of program will be expanding, yes.

**Mr. Ruprecht:** Can I get a copy of the breakdown? Is that possible? This has nothing to do with the breakdown of the budget. It just lists the different co-ordinators in the context of adult community mental health.

**Mr. Chairman:** So you want something in addition to this list?

**Mr. Ruprecht:** What I would like to have, Mr. Minister, is a breakdown of the budget detailing how much money goes into the different programs.

**Hon. Mr. Timbrell:** It is in your briefing book. If you look on page 53, that gives you information on the psychiatric services vote. I will see if I can find the areas later on for you in community mental health.

**Mr. Ruprecht:** Page 53, item 2, is so broad that one would not be able to distinguish at all what the services and programs would be. Maybe that was handed out, but I do not recall that either.

4:10 p.m.

**Hon. Mr. Timbrell:** Maybe this will be more help to you. This is the 1979-80 version, and the 1980-81 will be completed in the next couple of months, of all the adult community mental



health programs. It gives you the name of the project, the operating budget, the sponsors or cosponsors, staffing levels, the target group and the program restriction of each program in place.

**Mr. Ruprecht:** This is from last year's book?

**Hon. Mr. Timbrell:** Yes. The 1980-81 has not been completed, but it will be in the next couple of months.

**Mr. Ruprecht:** I would appreciate that.

**Hon. Mr. Timbrell:** Maybe we better table it with the committee then. How many copies do you need?

**Mr. Chairman:** Could we have at least 12 copies, but 15 copies would be preferable?

**Mr. Ruprecht:** Mr. Minister, in terms of the estimates and the breakdowns, where would I find information in here that at least would approximate the figures?

**Hon. Mr. Timbrell:** If you are looking for a breakdown of aids for daily living for all these, you will not find it. It is part and parcel of a number of those programs, and you will have to look at each of the program descriptions.

**Mr. Ruprecht:** The budget items and the dollar numbers attached to them are not the same in last year's budget as they are in this year's budget. Is that correct?

**Hon. Mr. Timbrell:** That is right. This year there has been an increase. I thought that is what we tabled last week. Were those not current figures? I think they were.

**Mr. Ruprecht:** I guess we can get it. If you have it, we will get it by tomorrow then.

**Hon. Mr. Timbrell:** First take a look at the book I have just tabled. If you want it broken out across the programs, it just is not broken out that way. You have to go through it program by program. If you want, I will have the staff come up and we can go through it program by program and they can tell you what each of the programs does. Do you want that?

**Mr. Ruprecht:** You said you had given us a breakdown last Tuesday or Wednesday.

**Hon. Mr. Timbrell:** Somebody was asking for a list of the programs in Metro and I read off the list. I can remember giving the figures as 39 programs, \$3 million and some. Did I not? It is buried somewhere in this mound of paper, but I can recall doing that.

**Mr. Ruprecht:** Where is the total figure from that supplementary you handed out in the psychiatric service items here so we can take the

whole block and say this is where it is to be found here even though it is not broken down program by program? What I was going to ask you about was the expenditures specifically in terms of after care programs.

**Hon. Mr. Timbrell:** They are not just after care programs. Our community mental health programs are in many cases aimed at preventing admissions. For instance, crisis intervention units recently were approved at Etobicoke General and Mississauga General. They would be as much aimed, or probably more, at preventing crises or intervening at an early stage to prevent an institutionalization of a person than they would be aimed at after care, whereas some other programs would be almost entirely after care. But they all come under the umbrella of community mental health.

**Mr. Ruprecht:** Was crisis intervention part of the budget last year?

**Hon. Mr. Timbrell:** Yes.

**Mr. Ruprecht:** Did you increase that figure too? Do you recall roughly by how much? Can I find that in here?

**Hon. Mr. Timbrell:** It is not broken out that way. Among the programs I read into the record last week for Metro were those which arose out of the Lakeshore closing. There were two that were renewed crisis intervention units: Etobicoke General and Mississauga General. I do not think there were any more than that.

**Mr. Ruprecht:** Where are the total expenditures in this item here?

**Hon. Mr. Timbrell:** The total expenditures this year for community mental health are \$16,323,700. Somebody is trying to find me the page to point to in the briefing book.

**Mr. Ruprecht:** If it is possible, Mr. Minister, could you tell me what the increase is in that budget from last year for after care, special services, crisis prevention or whatever else you were involved in?

**Hon. Mr. Timbrell:** Let me just walk you through all of the psychiatric related items. For the psych hospitals, including the homes for special care, the budget this year, as is shown on page 53, is \$246,235,800. As we discussed earlier—you may not have arrived yet—that would be adjusted at some point in this fiscal year when we know the settlements with our own staff. If you look in the book, it shows about a \$15-million discrepancy between last year's estimates and actuals. That was due to the settlement. That \$246,235,800 will be increased when we know the settlement.

The last year I have the full figures for is 1979-80; I do not have them for last year. There are 60 psychiatric units in general community hospitals, which accounts for approximately 2,000 more beds. The spending on those in 1979-80 was \$35.6 million. I would think the spending there last year was about 10 or 11 per cent more than that and an extra 11 or 12 per cent for this year. The figure for this year is probably up around \$45 million. I do not have it broken up here.

Then we must add community mental health care to that for this year. That is on page 116 and is shown under health programs. It is an ultimate item in that list on the left-hand side, \$16,323,700. That is an increase from last year. Last year's actual expenditure on community mental health was \$13,641,200. That is an increase of \$2,682,500 on community mental health programs this year, which is obviously well in excess of inflation. Then we have to add to that the amount of money which we pay out of OHIP to psychiatrists. The figure for 1980-81 was \$54 million.

When we add that all up, we are talking about an estimated \$45 million for the 60 community psych units and \$115 million plus the \$246 million in the psych hospital system. We are up to \$361 million plus whatever the settlements will be in the psych hospitals; call it \$375 million roughly—and that is very rough—this year going to psychiatric care. It is obviously a very large amount of money.

**Mr. Ruprecht:** Is there anyone here you could ask who could tell us what you are planning in terms of expansion of the life-skill programs?

**Hon. Mr. Timbrell:** If Dr. Lynes will come up, we will go through the programs and he can describe what—

4:20 p.m.

**Mr. Chairman:** Is Dr. Lynes here?

**Mr. Ruprecht:** Mr. Minister, I am not asking that Dr. Lynes go through the whole thing.

**Hon. Mr. Timbrell:** No, but perhaps he can describe the kinds of programs we are funding in general terms. Then if you have particular concerns—

**Mr. Chairman:** Mr. Ruprecht has second thoughts, Dr. Lynes, on whether you should testify. Perhaps you could be brief and not dwell too long on this subject; I guess that is what Mr. Ruprecht is concerned about.

**Mr. Ruprecht:** What I am asking specifically

is, can you tell us fairly briefly what are you planning in terms of expansion of the life-skill programs?

**Dr. Lynes:** The life-skills programming is actually a part of most programs relating to the chronically psychiatric disabled person, whether it is part of a day hospital program in a general hospital or a community-based rehab program perhaps sponsored by the mental health association.

Virtually all of them contain life skills as a component. They are designed to assist ex-patients in learning how to cope with living in the community, learning how to get to and from wherever they might be going, for recreational or vocational purposes, budgeting, nutrition and things of that nature.

They are incorporated in virtually all of the programs designed for that target population. There is not a specific programming related to life skills except sometimes as a purchased service. For instance, the Y runs life-skills programs and some of our programs contract with the Y to provide those kind of training programs. What we are looking for—and it continues to be a high priority—is to solicit programs that relate to that population. Many of them, if not all of them, would have some component of life skills.

**Mr. Ruprecht:** Are you thinking, or is that part of your priority as you indicate just now, to expand life-skills services to most of the programs you have?

**Dr. Lynes:** All of our programs are targeted to a particular population. We are really dependent upon them to identify the population that is in need and to devise a program that seems appropriate to meet that need. It is difficult for us centrally to know what the need is. It may be different in Kenora from downtown Toronto. We rely heavily on the advice we receive from the district health councils. The programming would be reviewed to determine whether or not it is appropriate to the particular target population.

**Mr. Ruprecht:** My final question, Dr. Lynes, is about those people the minister refers to as having been discharged from the hospital and being totally on their own. The problem we experience in my riding is that there is quite an abundance of people who have no official relationship with the hospitals, yet they are still on prescribed drugs and are being discharged.

Is it possible to have a program of the life

skills nature adapted to those people who are not under official programs of the hospital but are still in need of this kind of a service?

**Dr. Lynes:** All 121 programs we fund under the adult community mental health have been designed primarily to deal with that population. They are not for people who are patients with the hospital and are still on the books necessarily, but they could be too. It is specifically targeted to that group. There are 19 in the city of Toronto.

**Hon. Mr. Timbrell:** There are 19 in the city of Toronto alone, but 39 in Metro Toronto.

**Mr. Ruprecht:** That still does not answer my question, Mr. Minister. My question is, are you planning to expand these programs? You are talking about a high priority.

**Hon. Mr. Timbrell:** Yes.

**Mr. Ruprecht:** That is what I would like to know. What are you planning to do to expand those kinds of programs?

**Hon. Mr. Timbrell:** I think Dr. Lynes has told you that the kinds of things of interest to you are part and parcel of most, if not all, of the programs. With the exception of the crisis intervention units, virtually every program includes what you describe as skills of daily living training.

We have been expanding the community mental health program quite substantially percentage-wise and in terms of numbers of programs. I might point out to you this year's budgetary increase is \$2,682,500 on a basis of \$13,641,200. In percentage terms, it is about a 20 per cent increase this year in that particular program. I guess over the last two or three years we would have doubled our spending on community mental health.

**Mr. Ruprecht:** My final question is on the breakdown of Queen Street Mental Health Centre in terms of these kinds of programs and where the expansion will take place.

**Hon. Mr. Timbrell:** That is what I read into the record last week. I read all the new programs approved within the last year, and I think I read into the record what each of them does. Do you want to look at Hansard? If it is not there, tell me if you need more information.

**Mr. Chairman:** Thank you, Dr. Lynes.

**Hon. Mr. Timbrell:** Dr. Lynes tells me most of them are in that book I just tabled. You may want to refer to that as well.

**Mr. Chairman:** This is the adult community mental health programs which you will be receiving. Any further questions, Mr. Ruprecht?

**Mr. Ruprecht:** Not at this point, Mr. Chairman.

**Mr. Chairman:** Thank you. I have no one else on the list. If there are no more questions or comments on item 2, psychiatric services, shall item 2 of vote 3202 carry?

Item 2 agreed to.

On item 3, emergency health services:

**Mr. Van Horne:** I have a general question on the response given by the minister some weeks ago with regard to the qualification of the people in ambulance service. I think you suggested there would be a significant increase in the number of people trained as paramedics. You suggested the vehicles would all have the equivalent of a paramedic on them or that you would be making an announcement to that effect. Can you tell us what the situation is?

**Hon. Mr. Timbrell:** Perhaps the best way would be for Dr. Dyer and Dr. Psutka to come forward to discuss it in detail. In Bolton on January 17 I indicated we had decided to proceed with the development of the advance life support skills within our emergency care network.

I traced the history of the development of our emergency care network back to 1968 when the province first got involved in ambulance services. From that point forward we have achieved a standardization of the vehicles, the communication systems, the equipment and procedures. That leads up to 1975 when the government introduced the emergency medical care attendant program and began the courses in our community colleges. The result is that slightly more than 50 per cent of our ambulance attendants are now certified emergency medical care assistants.

More recently we have decided to go the next step and begin work on the advanced life support system. Perhaps Dr. Dyer, who is the assistant deputy minister, can thrash out that very brief description. Then Dr. Psutka, who has been with the ministry for just over three months in charge of it as executive co-ordinator of emergency health services, can speak to that.

4:30 p.m.

**Dr. Dyer:** The emergency medical care assistant system is being changed somewhat to advance the training so that no longer will there be the requirement for the one-year apprentice-



ship on vehicles. This year graduates will be able to challenge the exam immediately after graduation. They get medical training during training, so they will not have that one year of apprenticeship. There was always concern about their losing their jobs at the end of that period of time. That is a big advance.

The second is in the advanced life support. We now have six advanced life support personnel manning the Bandage I aircraft.

**Hon. Mr. Timbrell:** That is the helicopter that works out of Buttonville.

**Dr. Dyer:** There are also two fix-winged aircraft, one at Sioux Lookout and the other at Timmins, and two helicopters, one at Thunder Bay and the other at Sudbury. Those aircraft are currently manned with EMCA medivacs who have had experience on vehicles. They have had additional training in air evacuation techniques. They are not paramedics.

There has been clear indication from using these aircraft, especially the helicopters, that there is a particular need for advanced life support personnel for the aircraft in the north. So that is our number one priority. Depending on whether we have one per vehicle or two per vehicle, as is now the case on the Bandage I, there will be roughly 30 to 40 individuals trained for the paramedic services on the aircraft in the north.

**Hon. Mr. Timbrell:** Maybe you should describe what we mean by paramedic services since the meaning varies according to the jurisdiction concerned.

**Dr. Dyer:** That is a good point. There are basically two areas in paramedic services, which we like to call advanced life support. There is the advanced cardiac life support that the television show is mainly based on, where the individuals are trained to resuscitate cardiac victims and provide them with enough support until they get to a cardiac unit in a hospital. The other group is the advanced trauma life support. These really serve two different purposes.

The advanced cardiac life support group has to depend a great deal on a basic system in the community. The community must have a thorough background of first responders before an advanced cardiac support group can work inasmuch as advanced cardiac support groups do not function if the patient has been untreated for more than four minutes. In other words, some basic life support has to be started on every cardiac victim within four minutes. That has to be done by the initial responders, who

would not be the paramedics, but individuals such as police, fire, ambulance or the general public. So there has to be a fairly strong community background in order for advanced cardiac life support teams to work.

In the cities in the United States the most renowned ones are in Seattle, Los Angeles—on which the television program is based—and Sacramento. The average time taken by the advanced life support team to arrive is about 10 to 12 minutes, so basic life support must be started first.

The point of their work is being able to turn the basic cardiac pulmonary resuscitation system into a support system sufficient to carry the patient to hospital. Our current EMCA graduates are all trained in CPR; about 99 per cent of all of them have graduated in CPR. We are working on firemen, police and communities that wish to initiate programs. The Ontario Heart Foundation, for example, had a training program last year; some hundreds of thousands of individuals were trained in cardiac pulmonary resuscitation.

The advanced trauma life support group are the individuals who would be bringing patients from the scene of accidents. We think there will probably be a little more success in that area. Personnel will not require an overall background inasmuch as they will have a longer period of time in which to take the action which may save somebody who is severely injured and in trauma.

In addition to the need for an overall community effort as a background, in the second stage you must have adequate hospital facilities to take care of the patient on arrival. You must have some primary requisites in the hospital system. For cardiac support you need at least a 24-hour emergency service.

For advanced trauma life support the emergency services have to be qualified as to what level of trauma they can handle. Most sophisticated hospitals can handle a cardiac victim who has been resuscitated sufficiently to keep him to the point where he can be transferred even to a tertiary care centre. But a multiple-trauma injury must be handled by different kinds of refined emergency services. In some large communities like Toronto, the problem will be to get the emergency services in the hospitals to identify the role that they could play in an overall advanced life support system.

**Mr. O'Neil:** How are you doing this?

**Dr. Dyer:** Dr. Psutka is working right now with the district health councils. We are in the

throes of preparing basic guidelines with the criteria that are essential for communities to develop in terms of either support system. We think some communities would benefit far better with one type or the other.

A significant population like that of Toronto would certainly be served by a fairly sophisticated service of advanced cardiac and advanced trauma life support. Smaller communities may not be able to provide the basic community support to render an advanced cardiac life support system viable.

**Mr. Van Horne:** I am from a smaller community; Hugh is from a smaller community and so is Bob. How are these defined? In London, for example, we have three of what I consider to be excellent hospital facilities. Does it qualify as a smaller centre that should have both? My understanding is that they do have both.

**Dr. Dyer:** What we shall try to do within the next couple of months is to send out a whole series of guidelines for district health councils and community hospitals to look at. They can check them off to see what they are prepared to provide, or what they think they can provide, as a community or a hospital. They will be able to decide on their own what kind of a service they may be able to support.

Many of the smaller communities would have difficulty providing the initial basic life support within four minutes to make an advanced cardiac life support team viable. You have to get somebody there within four minutes from the time a person has a cardiac arrest or that person, if he survives at all, will only survive as a vegetable.

**Hon. Mr. Timbrell:** Even in communities where they have so-called permanent programs—I say “so-called” because the definition will vary from community to community—the response times of the teams on average are not anything like four minutes. It still depends on the overall cardio-pulmonary resuscitation abilities of the general population.

Even in Seattle, which has been touted so much by the Canadian Broadcasting Corporation in some of its programs, the average response time for some of the actual emergency vehicles is something like ours, isn't it?

**Dr. Psutka:** Six to seven minutes.

**Dr. Dyer:** Seattle has a population of 750,000 and has 40 fire stations as first responders. When they get a call for a cardiac problem, a fire truck, policeman or taxi driver goes out—or a citizen gets involved—as the first responder.

They then call the advanced cardiac life support team, which comes along in six to seven minutes. They must find a viable victim who has had basic support carried out in the first place to make it a successful team.

4:40 p.m.

**Mr. Van Horne:** Let me give you another example. In our community, one secondary school, A. B. Lucas Secondary School, in conjunction with a service club acquired one of the teaching aids and had the staff that was very keen on the theme of resuscitation, et cetera. This became a very important part of the school program.

I have a bias here in that I feel it could be part of all school programs. In addition to your dealing with the health councils, I wonder if there is not a mandate there for you to reach into the educational system and see that more is done there. I am not sure it should be left to chance. I think there is a time when government should say, “This has to be done.”

**Hon. Mr. Timbrell:** I can assure you it is not going to be left to chance. Part and parcel of the mandate that Dr. Psutka has been given as the new executive co-ordinator of emergency health services is to deal with the public, young and otherwise, to increase the percentage of the population who have CPR skills. I was amazed to find that there are as many trained in CPR in Ontario as there are. The number was 125,000, I think, the last time I looked at it. But they have got to be regularly upgraded; this is another aspect of the advanced life support system.

I am told that in order for a person trained in ALS techniques to maintain those skills, the ambulance service in which they work should have a minimum of 1,500 calls per year. We were told that on average only about a quarter of ambulance calls are true emergencies to start with. With three shifts a day, 1,500 a year means 500 a shift or 10 a week, and only a quarter of those would be true emergencies. So there would be few opportunities for those trained in ALS techniques to be in a position to use those skills.

The concern has been expressed to me that if you try to introduce people with these skills into every ambulance system, including those which have less than 1,500 calls a year, you could well be putting those people in a position where their skills become so rusty that they would actually be dangerous rather than helpful. Maybe you would like to expand on that, Dr. Dyer.

**Dr. Dyer:** In remote areas there are about 50 to 100 emergency calls per square mile. You can see that in an urban centre with 1,500 calls it may be not too difficult to achieve. But in a wider area, if you do not maintain their skills, you would have to have a very intensive training program. The practitioners would be spending 50 per cent of their time in hospitals keeping up skills which they would not use. That is one of the major concerns.

We are not only talking about the advanced life support personnel in that area. We are talking about the physicians who take the responsibility of supervision in the field and for the medical acts which are being carried out. They are making interpretations of the cardiac monitoring, the telemetering and so on. One must have a good system of physicians for that.

In some of the smaller communities that we have already talked to, there is no 24-hour emergency service. If a paramedic was called to a cardiac arrest, there would be no one to communicate with. In that system it may be necessary for us to look at the next level, and there are other levels you can look at to improve, say, the trauma support. Physicians in a community could carry a beeper or have one at home so that the ambulance could call them in an emergency. That calls for a fairly firm commitment on the part of the physicians in the community.

**Hon. Mr. Timbrell:** That leads into the next point I want to make, but before I leave the first one, is it not true that the physicians who would be in charge of programs would also have to be certified by the royal college in emergency health services? I am not sure whether I am using the right term.

**Dr. Dyer:** Not necessarily.

**Mr. Chairman:** Dr. Psutka, would you like to add something?

**Dr. Psutka:** At this point, that would not necessarily be so, but there would still be the commitment that a physician who is working with these paramedic-type people would have to accept the responsibility. What we are looking at is if we are going to have communities where these physicians are going to give that commitment, more than likely they will be career emergency physicians. Therefore, they will have to satisfy various educational requirements, and this may see an upgrading to a new specialist type of person. At the present time that does not exist.

**Hon. Mr. Timbrell:** The other point I wanted to lead into relates to the question of the supervision and the ongoing supervision of training. The need, which is evident in some municipalities, particularly here in Metro Toronto, is to rationalize emergency departments. In the case of Metro, the health council has put together a task force or subcommittee—I am not sure what it is calling it—under the chairmanship of Mr. Story, the administrator of the Etobicoke General Hospital, to examine the emergency departments and to come up with a proposal for the rationalization of them. Obviously you cannot have every hospital potentially commanding any or all of the ambulance vehicles in an area such as this. There have to be a few designated command hospitals that tie into the ambulance system and to the advanced life support personnel and are responsible for giving them their instructions on individual cases and for overseeing their ongoing education, updating and so forth.

**Mr. Van Horne:** I do not want to take too much more time with this, but you will recall, Mr. Minister, that the ambulance attendants in my community were very vocal a couple of years ago about the lack of communication between the ministry and that group.

One of their concerns was an internal dispute between themselves and the operators, who subsequently have been charged. I do not know where that situation now sits, but the May 24 or May 29 edition of the London Free Press carried a story, "Ambulance Operators Charged." After a 16-month provincial police investigation into their financial records, there were other books seized and reviewed, referring specifically to Chatham, Woodstock, Leamington, Trenton, Hamilton and Gananogue. I gather all of those have been reviewed and cleared; at least I am not aware of anything else.

**Hon. Mr. Timbrell:** Only one has been cleared—Woodstock.

**Mr. Van Horne:** I want to ask you a question about Woodstock because our former leader and present House leader, Mr. Nixon, was asked some questions which he put on to me and I would like to put them to you.

**Hon. Mr. Timbrell:** About the bus?

**Mr. Van Horne:** No. I have no question about a bus. It is just generally about the length of time to approve budgets and policy statements from the ministry. But let me deal with that one after I deal with the complaints of the ambulance attendants.



I am referring specifically to that group of attendants from London, Ontario who two years ago were very vocal in their complaints. Are you satisfied that those have been resolved now without my spelling out each of the complaints?

**Hon. Mr. Timbrell:** I cannot recall the specifics of their complaints. Going back a couple of years ago, I know that the provincial association was concerned about the requirement of taking the emergency medical care assistant exams, for instance, a year after graduation, and it was to this that Dr. Dyer addressed himself a little earlier.

**Mr. Van Horne:** He mentioned that.

**Hon. Mr. Timbrell:** That has been changed. The recent graduates are now able to write the exam on graduation and, assuming they pass and have an offer of employment, they proceed.

The other concern had to do with London. I am trying to remember it.

4:50 p.m.

**Dr. Dyer:** London was concerned about the dispatch system.

**Hon. Mr. Timbrell:** Oh, yes. Carry on because you are more up to date on it.

**Dr. Dyer:** They were concerned about the dispatch system because at one time during this episode when they were under investigation there was concern about their financial viability. Since they were also the central dispatching for the area, it was necessary for us to have a backup, or a backup dispatching centre was put into place but not used. It is a very complicated issue and part of the reason for that is that in a sense the ambulance operator owns the Bell lines. If they went into bankruptcy, we would have no assurance that they would turn over the lines to us and we would have to have a backup system. It is very strange, but we will have to do something about that because it puts us in a very tenuous position. Nevertheless, that was one of their major complaints.

**Mr. Van Horne:** As I recall, those were nitty-gritties, but they had one underlying complaint, which was that when it came time for them as a group to try to clarify an issue with the ministry, they had a communications problem. I want to know if you are satisfied that problem has been resolved.

**Dr. Dyer:** Part of the problem was related to the investigation. There was a debate about finances that they wanted settled and they wanted finances advanced to them on a certain item that was related to the investigation. Since

the investigation is in the hands of the Attorney General, we were advised by the Attorney General that nothing could be done in that area as that was the matter of contention of the legality of their claim. The way we settled that was to have an auditor go down on at least two occasions to make sure that the funds which were being flowed were enough to carry on the ambulance operation, to pay the workers and to carry on the wages and the supply functions. There were not enough funds to provide for this other argument.

**Mr. Van Horne:** Let me ask one final question, again using that example from London. When I took over this role in the spring of this year, there were other people who contacted me because of concerns they had with the ambulance. Ofttimes I ended up finding out something through Dave Surplis who was quite helpful. Am I to go now to Dr. Psutka? Is that the avenue I am supposed to go? I do not want to ruin a good contact I have with David.

**Hon. Mr. Timbrell:** The ambulance services branch still exists, reporting through Dr. Psutka, but feel free to call either.

**Mr. Van Horne:** We sometimes do not have the luxury of an extra two hours on the telephone. I do not want to be dialing Surplis when I should be dialing Psutka.

**Hon. Mr. Timbrell:** Dr. Surplis is there to help members.

**Mr. Van Horne:** In the Oxford situation, the main complaint, again, was communication with the ministry from the notes I have, and they were taken some time ago. You mentioned a bus situation in Woodstock.

**Hon. Mr. Timbrell:** I understand he is formulating or has formulated some proposals for an ambulance bus service of some kind. I do not know the details of it and I have not seen much on it.

**Mr. Van Horne:** Is there any substance to the comment he made that it takes somewhere between two and three years for budget approval for his service? Is that something you could comment on?

**Hon. Mr. Timbrell:** I think Dr. Dyer could answer that.

**Dr. Dyer:** Every year the budgets of the service are increased by the inflationary amount. It was 9.5 per cent last year. They are not insecure about their cash flow; there is an automatic adjustment in their budget over the previous year.

Then we ask them to submit a budget in order that there may be other program changes identified. When those identifications come in from hospitals, they may or may not be approved or they may or may not be the amount of money that is finally agreed upon. There is a problem in both directions. There is the lateness of the budget submissions getting in, and then in many cases they are identifying changes in the service that are not accepted. It is not an automatic process where they submit a budget and get their money.

They get their cash flow based on an inflationary increment over the past year's operations, and that is over their actual spending levels. Unless there is some major change in the service entity, that should be enough to carry them on. Incidentally, the base is adjusted to take into account salary and wage adjustments that occur as a result of settlements. It is not automatic, but there is an adjustment made in most cases.

**Mr. Van Horne:** Going back to the communities which I read from this paper clipping, Woodstock, Leamington, Trenton, Hamilton and Gananoque, you say that Woodstock is the only one that has been cleared. There was a reference in this article in May that it had been cleared at that time, but you are saying that six months later the others are still being reviewed and examined. How could that many communities be in trouble? What was your monitoring process? What went wrong? What went off the rails?

**Hon. Mr. Timbrell:** I would not say they went off the rails. The investigations arose out of part of the ongoing audit process of the ministry. There are a variety of reasons, at least seven, that the audits were referred to the Attorney General for follow-up, which resulted in the Attorney General seizing the books. You may recall that one day they descended on all seven and seized the books, subsequent to which one got its books back, Woodstock, and no charges were laid. Two have been charged: Welland—perhaps you would call it Welland-Thorold—and Thames Valley. The others are pending and it is in the hands of the Attorney General's people as to whether they will lay charges or not, and if so, for what.

**Mr. Van Horne:** Is there any recommendation in front of cabinet that your monitoring be stepped up a little bit? Is there any evidence that monitoring would preclude problems like this? I do not know how often you do it. How often do you check them?

**Hon. Mr. Timbrell:** I cannot recall the frequency. The budgets are reviewed item by item.

**Mr. Van Horne:** But you are just adding them up to make sure they have not made a mistake in their mathematics. They are not subject to further investigation.

**Hon. Mr. Timbrell:** We also have regional managers in the field. Sometimes these things arise out of investigations of complaints because we investigate all the complaints we get when we get them.

**Mr. O'Neil:** How often would you inspect the books of the individual companies?

**Dr. Dyer:** There is a regional manager for each region who is in the field all of the time. He would be visiting one region or other once every couple of weeks as a matter of fact. It depends on their problems.

Then in the central office we also have inspectors who are financial inspectors and so on whom the regional manager can call upon to bring out for any particular purpose, or the regional manager may call upon our audit branch to send an auditor, as we have done in Thames Valley. We had the auditors go in there twice and we also had the auditors go into Chatham as well, but that is on an ad hoc basis for a particular problem.

**Mr. O'Neil:** What are you finding with these places which have been charged, with these individuals or companies? What have they been charged with? In other words, what problems are you finding?

**Dr. Dyer:** The ones who were charged?

**Mr. O'Neil:** Yes.

**Dr. Dyer:** The ones who were charged were charged with the misuse of funds.

**Mr. O'Neil:** In other words, you are giving them funds for a certain reason and maybe the funds have not been used there.

**Mr. Van Horne:** I have no more questions, Mr. Chairman.

**Mr. Chairman:** Thank you, Mr. Van Horne. I have three more people. Mr. O'Neil, do you still want to ask some questions?

**Mr. O'Neil:** Yes.

**Mr. Chairman:** Mr. Kennedy is first, followed by Mr. Ruprecht and then Mr. O'Neil.

5 p.m.

**Mr. Kennedy:** I have a couple of questions, Mr. Minister. You responded to the mayor as to the adequacy of the ambulance service in Peel

and Halton regions and you mentioned you had arranged for an analysis and expected it to be ready by the end of October. Is there anything to report on that under the ambulance services branch?

**Hon. Mr. Timbrell:** Apparently it is not quite finalized.

**Mr. Kennedy:** That is the one point. Also, since we have been discussing the paramedic scene, I just wanted to ask whether you consider the ambulance attendants who are now present when an ambulance comes to be paramedics?

**Hon. Mr. Timbrell:** No.

**Mr. Kennedy:** So it is much over and above that—

**Hon. Mr. Timbrell:** This is the point I was trying to make before. Apparently the term paramedic means different things to different people. I am told by our people, particularly by Dennis Brown, who is in charge of the training program, that there are jurisdictions in the states that call their ambulance attendants paramedics. They are not as well trained and are not allowed to do as much as our EMCAs are already allowed to do in Ontario. So it can be a misleading term.

**Mr. Kennedy:** How do you visualize the paramedic service? Presumably we are on the way to establishing this. That is what the studies are all about.

**Dr. Dyer:** We envisage that as a secondary service within an established emergency health service, as a component of emergency health service. There are a variety of components to that. There is the basic community effort or CPR; there is an emergency health service, an ambulance service now in existence; and then there would be an advance life support service. It would be a component of that integrated with the hospitals because the advanced life support teams must work under a command hospital. Essentially, they would be hospital employees riding in ambulances because they are bonded, as they call it, with a physician within the hospital.

That vehicle would be a special vehicle. Not every ambulance would be equipped; it would be a special vehicle with an advanced life support team or personnel within it. That team in it would have telemetering equipment, defibrillation equipment, intubation equipment for starting IVs, would carry some drugs and would also have what they call masked pants. Those are the actions, medical acts, that a paramedic carries out. Paramedics or advance life support

personnel are not new kinds of workers. They are ambulance officers trained to carry out medical acts under the supervision of a physician.

Among the medical acts they do are basically starting an IV. In terms of an intravenous solution they can intubate, put a tube in somebody to give him resuscitation or respiration through a tube and bag him with oxygen. They can put on masked pants, which are impression trousers that squeeze the blood from the lower part of the body to the upper part of the body if a person is in shock—in other words it is a sort of instant transfusion of blood. They can defibrillate for an individual who is in ventricular fibrillation. They can do these kinds of acts and, of course, they can give some drugs under the supervision of a physician.

**Mr. Kennedy:** How do you visualize that facility responding to a call from a person who would not know whether he simply needed an ambulance to get the patient to the hospital or this paramedic service? Are your studies this far advanced? For instance, in a certain size of city where there are, say, eight ambulances at four points, would you have one of these or are you this far along in determining what—

**Dr. Dyer:** Mr. Kennedy, one of the basic fundamentals we believe that makes these systems work in urban centres is a 9-11 system. That is a call system that calls one operator for all emergency services. An emergency call would go into a 9-11 system for fire, police, ambulance or emergency ALS, advance life support system. The person would call that number and explain the problem to the operator who would dispatch the quickest thing that could get there.

If it was cardiac arrest, they would dispatch the first person available. It might be a cruiser in the block; it might be a fire station that is within two blocks away or whoever they can get to that scene immediately.

Whoever got there first would probably not be an advance life support team because there would not be that many of them. They are few and far between in that sense. Although there are communities that envision a cruising ALS system, that is another really refined system. Seattle is the most quoted one, as I mentioned to you. There are 40 fire stations that are the first responders. There are only 20 of those with



advance life support teams, but they do not respond first. The 9-11 brings the first responder.

**Mr. Kennedy:** So it is tied in then with the fire departments?

**Dr. Dyer:** Yes.

**Mr. Kennedy:** But you do not visualize one of these units as operating under the fire station?

**Dr. Dyer:** That is not an impossibility. Whenever the unit operates out of is immaterial. We will probably see them operating out of an ambulance station, but it is not an impossibility in a small community that may not have an ambulance service to have an advance life support team linked with the fire unit. When they would respond, they would be responding as a second responder. I think it is misunderstood when you see the TV shows where they are the first ones on the scene. They do wonderful things and they always do it in half an hour because that is all the time they have to solve the problems.

**Hon. Mr. Timbrell:** And they never lose a patient.

**Mr. Ruprecht:** Let us come back to the EMCA exam, Mr. Minister. Did you tell this committee earlier you straightened all that out?

**Hon. Mr. Timbrell:** Now they take it on graduation, not after a year of on-the-job experience.

**Mr. Ruprecht:** When did you institute that change?

**Hon. Mr. Timbrell:** In the spring for the class that is going through now.

**Mr. Ruprecht:** I have a brief to the Minister of Health from the ambulance labour committee about the recertification problem. They have some recommendations here. I suppose you are familiar with the brief?

**Hon. Mr. Timbrell:** It was in the summer of 1979 or 1980.

**Mr. Ruprecht:** Oh, no, it is May 1981.

**Hon. Mr. Timbrell:** They presented an initial brief on the subject in late July or early August of either 1979 or 1980. So that is a subsequent brief to their initial one.

**Mr. Ruprecht:** Are you familiar with this?

**Hon. Mr. Timbrell:** I am familiar with the issue of recertification.

**Mr. Ruprecht:** Do you agree with the recommendations?

**Hon. Mr. Timbrell:** Do you?

**Mr. Ruprecht:** I certainly do. I wonder whether you have taken any steps to overcome some of the problems. As you know, one of the issues in here is the failure rate after the exam. It is between the 20 and 40 per cent range in some instances.

**Hon. Mr. Timbrell:** That is not on recertification though.

**Mr. Ruprecht:** It is on recertification, yes, very much so. In some localities the brief indicates figures have been reaching a 50 to 60 per cent failure rate. That is quite substantial.

**Hon. Mr. Timbrell:** If you read the brief, you will see that is on the initial certification. That is not on recertification because there are no recertification exams.

**Mr. Ruprecht:** The brief says recertification.

**Hon. Mr. Timbrell:** I know, but if you read it you will find—

**Mr. Ruprecht:** Mr. Minister, let me read the recommendation to you.

**Hon. Mr. Timbrell:** No. If you read the brief, you will find what they are talking about is the failure rates on the exams for certification—

**Mr. Ruprecht:** That is the initial step.

**Hon. Mr. Timbrell:** —not recertification because there are not any recertification exams. The regulations say the minister may require it. To date the minister has not but he might.

**Mr. Ruprecht:** This whole brief is simply classified as recertification because it falls within the jurisdiction.

**Hon. Mr. Timbrell:** I know. Maybe Dr. Dyer can refer to it because apparently they wrote back before they knew about the plan changes we had made in the examination process for certification, not recertification. They just said there had been no definite plans made for recertification, but the regulations provide that the minister may require recertification. That issue is still one that is pending.

5:10 p.m.

**Mr. Chairman:** Is there a specific question, Mr. Ruprecht?

**Mr. Ruprecht:** I have just one question. Mr. Minister, do you agree with the basic recommendation in this booklet? With all respect, I was approached about four weeks ago, so I do not think—

**Hon. Mr. Timbrell:** Refresh my memory. What is the recommendation you are asking me to comment on?

**Mr. Ruprecht:** The recommendation was that the staff hired between August 1975 and the spring of 1981, when we were still under the old system, though it is not included in the amendment to the act—"should not face employment termination if unsuccessful in the EMCA exam, but rather attend a ministry-sponsored retraining program, which is closely tied to the refresher and updating course outlined in part two of this brief, intended for recertification purposes."

**Hon. Mr. Timbrell:** You are talking about people who were hired on the understanding they would within one year successfully complete the EMCA examination. It might be important to put on the record the process by which the EMCA examinations are developed, carried out and marked. Do you want to do that?

**Mr. Ruprecht:** That is not what I am asking.

**Hon. Mr. Timbrell:** I know that is not what you are asking, but I think it is important background information. The whole point of bringing in EMCA in 1975, the whole point of certification and the whole point of possible recertification is to be sure the people who arrive when you have your first heart attack know what the hell they are doing.

**Mr. Ruprecht:** Mr. Minister, that is terrific except that the failure rates here are 20 to 40 per cent—

**Dr. Dyer:** No, they are not.

**Mr. Ruprecht:** —50 to 60 per cent failure rates in some instances. That is right in this brief.

**Hon. Mr. Timbrell:** They are not, so let's let Dr. Dyer speak at length about that meeting.

**Mr. Ruprecht:** Excuse me, Mr. Chairman, on a point of order: Mr. Minister, are you suggesting the indications in this brief are wrong?

**Hon. Mr. Timbrell:** Let's let Dr. Dyer respond to it because he was there.

**Dr. Dyer:** First of all, as the minister mentioned, the brief was written and addressed to us before the changes were made in terms of the certification process. They were concerned about the individuals who had been hired and had an ongoing concern that individuals hired in the future would have to face the possibility of termination of employment after being employed for a year.

Number one, we are happy we have changed that, and when we met them we told them that. That was a major step forward. There will no

longer be the threat of an individual being hired for a year and then having his employment terminated. He could qualify before he was hired.

You have to understand some of the statistics. First of all, in the certification process there is an academic test and then a practical test. The academic test is set in conjunction with the community colleges. They have a rule that any test 75 per cent of the applicants fail is thrown out right away as being not applicable. Any question 75 per cent cannot pass is thrown out. There is a post-grading that throws out difficult questions beyond the scope of 75 per cent of the applicants who write the exam.

**Mr. McClellan:** How many times does that happen?

**Dr. Dyer:** That they throw out the questions? I really cannot answer that.

**Mr. McClellan:** Does it ever happen?

**Dr. Dyer:** Yes, it has.

**Mr. McClellan:** So presumably it has happened that 70 per cent failed and you then proceed with the results of that.

**Dr. Dyer:** If 70 per cent have failed that particular question, one question—

**Mr. McClellan:** Oh, I see, not the exam?

**Dr. Dyer:** Each question is ranked for its appropriateness.

**Mr. Ruprecht:** Between 50 and 60 per cent failed the exam at some point?

**Dr. Dyer:** I am going to get to that in a minute. The questions first are graded.

**Hon. Mr. Timbrell:** That is a bell curve downgrading.

**Dr. Dyer:** From some colleges there has been a failure rate on the first run-through of the academic of 50 per cent; that's true. They have the ability to rewrite and to challenge that again. The final analysis is that the overall failure rate on the average is 10 to 15 per cent after going through all the hoops of academic and practical exams. The last test that rules them out is the practical exam with emergency physicians and EMCA graduates as their examiners, actual EMCA individuals in the field as their testers.

**Ms. Fish:** The few that made it through.

**Hon. Mr. Timbrell:** No, more than 50 per cent.

**Ms. Fish:** They are stretched pretty thin, are they?

**Hon. Mr. Timbrell:** More than 50 per cent of the attendants at this point are EMCAs.

**Mr. McClellan:** How many of the total group ambulance drivers are we talking about?

**Mr. Ruprecht:** I am not finished, Mr. Chairman.

**Mr. Chairman:** It is a supplementary, if you don't mind, Mr. Ruprecht.

**Hon. Mr. Timbrell:** We have about what—300?

**Interjection:** We have 2,900 for Metro.

**Mr. McClellan:** You might say 50 per cent we failed the test.

**Hon. Mr. Timbrell:** No, I said more than 50 per cent of those who are working in the ambulance services today have achieved EMCA certification.

**Dr. Dyer:** On an examination there may be 60 individuals writing from that year. I remember the year there were 60 individuals writing and all of those 60 were afraid of not passing and they all signified that. I can understand that because they had worked for a year and did not want to be out of employment. Out of those 60, finally came down until there were only three who did not qualify when they had gone through all the steps of retesting and examination by their peers and so on.

Although the 60 worried, and rightfully so, the actual number who did not pass in the final analysis was small and their own peers said they did not believe they were capable of being ambulance attendants. That still does not mean they lose their jobs; they can be part-time employees. By the act they cannot be full-time employees, but—

**Ms. Fish:** So just don't be in need of their services when they are on part-time. Phone them up and say, "Hello, are the nine certified people on now, or I won't have my emergency; I will wait four hours." That is a wonderful stem.

**Mr. Chairman:** Are there any further questions on certification?

**Mr. Van Horne:** I have another question.

**Mr. Chairman:** Is this a supplementary, Mr. Van Horne, on the certification question?

**Mr. Van Horne:** No, this is another question.

**Hon. Mr. Timbrell:** The whole point is that before the province got involved there was no uniformity at all in the qualifications of the personnel. In fact, I guess up to 1975 you did not even have to have the St. John Ambulance examination. You could just be, as many of them were, people who, if they were not running

the ambulance out, were taking the grey or the black station wagon out to pick up the body. Literally, that was the way it was. Until the province got involved, there were no standards for the vehicles and there were all kinds of vehicles, none of them compatible in the main with other vehicles.

**Mr. McClellan:** Free enterprise.

**Hon. Mr. Timbrell:** I think we have managed to marry the best of both. We still have free enterprise with government setting the overall standards and providing the vehicles, with the exception of Metro which provides its own at or above our standards.

Obviously the goal is eventually to have them all up to EMCA status. But when we started in 1975, there were a lot of people, many of whom are still employed in the system, who did not have EMCA status. Many of whom still do not have EMCA status. Those people are frozen where they are; they cannot move from one service to another. If they want to move, say, from the Niagara to the Kingston service, they have to have their EMCA status before they can move; otherwise they have to stay with the employer by whom they were hired at the time EMCA came in.

**Mr. Ruprecht:** It seems to me that you agree now that it is kind of strange to hire these people first and then have an examination and let some of them go. That has been resolved in any case, has it not? No one is talking about keeping unqualified people on staff obviously.

**5:20 p.m.**

In terms of this recommendation, why do you see a problem in not being able to permit these people to continue with a refresher course in the meantime?

**Hon. Mr. Timbrell:** They can, but they have to go on part-time.

**Mr. Ruprecht:** And you would then hire them back again?

**Hon. Mr. Timbrell:** Yes, there is a call for qualified people. Where they are hiring because of additions or replacements, nobody is now hiring anyone but EMCAs or people in the EMCA process. If somebody goes on part-time and rides with a fully qualified EMCA while on part-time, which is a requirement, and then takes the college courses and becomes certified, then there are ample employment possibilities.

**Mr. Ruprecht:** I think it is probably a good idea, but let us say, for instance, this particular individual fails the examination and then goes



on part-time. When he has been on part-time, and should he continue with this refresher upgrading course, will he then automatically be rehired as a full-time assistant? This man might have a family to support.

**Hon. Mr. Timbrell:** Usually if he passes the exam, and unless it is a very small system where it is difficult to schedule part-time, the current employer would be the one who would keep him on a part-time basis. I cannot say it is guaranteed but he would likely be taken back on full time, assuming he stayed with that same employer on a part-time basis while he was taking the course and becoming certified.

**Mr. O'Neil:** Dr. Dyer mentioned that there were still some of these ambulance services that had not heard back from the Attorney General. Can you give us any idea of when they may expect to hear back? I know that Trenton was one of the cities.

**Hon. Mr. Timbrell:** You would have to ask the Attorney General. We contact them from time to time as well just to see where they are at in their investigation. We are in their hands.

**Mr. O'Neil:** Approximately when were those books seized?

**Hon. Mr. Timbrell:** A year ago last spring, March, April or May.

**Mr. O'Neil:** They have had the books quite a while. Have the books been returned to these companies?

**Dr. Dyer:** The books that were seized were for the period in question. The period in question was the period when the operators thought they were on a so-called global budget and they had free rein to do whatever they wanted to do with their resources, including changing their staffing and so on without notifying us. Those are the books that were seized. They are not books for operating at the present time. They have their current books.

**Mr. O'Neil:** Of the ones that have been charged, none of them has come to court yet?

**Dr. Dyer:** No. They have had a preliminary trial. The first trial is due in February.

**Mr. O'Neil:** There was another area in which I wanted to ask some questions concerning emergency services. We have quite a lot of water in our area, the Bay of Quinte and Lake Ontario. We have one particular ambulance service, I believe it is LaSalle Ambulance, owned by Stuart Meeks, who is quite concerned and has a boat down at the waterfront pretty well during all of the summer, spring and fall

months. Is there any additional consideration being given to having emergency service in certain areas where there is water?

**Hon. Mr. Timbrell:** Maybe I could take that as notice and we will check it. I am pretty sure that our people in the ambulance service branch have talked with Mr. Meeks about that. I have talked with him about it on one or two occasions. He covers the races down at Deseronto and things like that, does he not, with that service?

**Mr. O'Neil:** Yes, he does.

**Hon. Mr. Timbrell:** Let me take that as notice and we will check. There is nobody here actually, from the branch right now, but I know they were talking with him.

**Mr. O'Neil:** How is that covered? Are you giving any assistance at all in that area now?

**Hon. Mr. Timbrell:** Generally the police do the patrol and are the first response in navigational accidents.

**Mr. O'Neil:** I know the OPP do that and that the Canadian forces base has a boat there too.

**Hon. Mr. Timbrell:** In Metro it is done by the Metro police.

**Mr. O'Neil:** I would appreciate hearing from you about that as Mr. Meeks is very concerned. He uses a lot of his own resources in this matter and I think he should be commended for it.

**Hon. Mr. Timbrell:** If I remember correctly the son of one of our former colleagues was injured in one of those races at one time. Usually it is the police who are the first response in these areas because they patrol the boating areas extensively.

**Mr. O'Neil:** The problem might arise that the policemen who respond do not have the facilities or the background that somebody with ambulance service could provide. Mr. Meeks carries on board his boat quite a bit of equipment that would usually be carried in an ambulance. There have been occurrences in the Bay of Quinte which involved loss of life, and that would not have happened if we had had the services that are now being provided in some way by Mr. Meeks.

**Hon. Mr. Timbrell:** I think in places like Kingston and the Thousand Islands there are OPP boats which patrol those waters and, as needed, search and rescue forces, which I believe come from Trenton. I do not think anybody flies out from Camp Borden. I believe there are also some search and rescue arrangements in London.

**Mr. O'Neil:** Depending on what you come back with, this may be an area that should be looked into by the ministry to see what additional services might be provided.

**Mr. Dean:** Mr. Chairman, in my riding there is a fairly small hospital which is close to the community, but it does not have all the services that the larger hospitals in Hamilton have. Sometimes an ambulance is called for a patient whose family doctor is affiliated with a large hospital which is more distant, but the ambulance attendants, obviously following a regulation of some kind, take the patient to the closest hospital.

This happens even when the family specifically requests that the patient be taken to, say, the Hamilton General Hospital, with which their doctor is affiliated, and even when they have been assured that that would be done. You will understand that this necessitates immediately afterwards transferring the patient to the hospital the ambulance attendants had been requested to go to in the first place.

**Hon. Mr. Timbrell:** It must have been what they call code four.

**Mr. Dean:** What is that?

**Hon. Mr. Timbrell:** A life-threatening situation, cardiac arrest or something like that. Perhaps Dr. Dyer could amplify on this.

**Dr. Dyer:** Code four means they must take the patient to the nearest hospital. Once they get there, if they can stabilize the patient so that he is able to stand the travel, they take him to the hospital where his doctor is. Otherwise he is kept in the first hospital until he is well enough to be transferred.

**Mr. Dean:** If a doctor were present and said, "No, he does not need to go to the closest hospital; he should go to the other one," do they have the flexibility to do that?

5:30 p.m.

**Hon. Mr. Timbrell:** Let me read you the regulations. Section 50 of the act reads:

"1. Subject to section 52, the driver of an ambulance in which a patient is transported shall in an emergency transport the patient,

"(a) to a facility directed by an attending physician;

"(b) where a direction is not made pursuant to clause 8, to a facility directed by the dispatcher ordering the movements of the ambulance, or

"(c) where a direction is not made pursuant to clause (a) or (b), to the nearest facility where the medical attention apparently required for the care of the patient is available."

In other words, if it is a code four, if it is a cardiac arrest or some major trauma, unless a physician orders them to take the person elsewhere, they will take them to the nearest facility.

**Mr. Dean:** In other words, they cannot under the act take direction from anybody except the attending physician.

**Hon. Mr. Timbrell:** That is right. The physician has to be there or in some way be apprised of the facts pertaining to that individual in order to make a judgement.

**Mr. Dean:** I see.

**Hon. Mr. Timbrell:** I suppose there must have been at some time a case where somebody was not transported to the nearest facility and either expired or had his injuries or condition aggravated because of the extra time the trip took and that led to the specific requirement.

**Mr. Van Horne:** I would like to see us get on to item 4. I think we have exhausted the ambulance question.

**Mr. Chairman:** I agree with you. I want to thank Dr. Psutka and Dr. Dyer for their comments and answers. I guess we have concluded item 3, emergency health services.

Item 3 agreed to.

On item 4, institutional care services:

**Mr. Chairman:** I have two people on the list. Mr. Kennedy is first.

**Mr. McClellan:** Now that we have finally come to the vote, could we have the bed numbers before we start so that we can have a look at them before we actually get into discussions?

**Mr. Chairman:** Do you have any statistics to distribute, Mr. Minister?

**Mr. McClellan:** I am sure the clerk could make copies while we start on some other issues.

**Mr. Chairman:** We will have 15 copies made.

**Mr. Kennedy:** I have a couple of questions on the adequacy of hospital facilities, specifically the active treatment beds. I see my friend Sean Conway is here. We were both members of the select committee a year or two ago which visited several municipalities and checked into this. As I recall, the point was often made that a greater degree of post-operative care would be one of the most economical ways to free up active treatment beds.

**Hon. Mr. Timbrell:** Excuse me. What are you including in the term "post-operative care"?



**Mr. Kennedy:** We were told that if 10 to 20 per cent—it depended on which area and which hospital you were speaking of—of patients could be moved on to certain post-operative treatment such as aftercare or the home treatment program, it would free up the beds.

Knowing the horrendous cost of new capital facilities—and we do need more in some communities; I am more familiar with the one in my community than with any of the others—it seems to me it would be better to make more active treatment beds available in this way rather than by expensive construction.

**Hon. Mr. Timbrell:** We probably need both. In an area like yours we are adding facilities, given the population growth. The addition to the Mississauga Hospital is under way. There is the planned addition of a complete, new hospital in the Streetsville area, the Credit Valley Hospital, and the addition of beds to the Peel Memorial Hospital at Brampton. The addition of acute care beds was made last year to the Etobicoke General Hospital, and so on.

Then there are the chronic care beds which have been added at Queensway General Hospital, the nursing home beds added at Etobicoke General and Northwestern General Hospital, which are all in the west end. We probably need both in some areas. In others it is a matter of adding chronic care and nursing home beds where the need can be documented, and we have been doing that.

I would like to speak to these figures, and we may get into them very soon. I am not sure if this answer is what you want. Let me say this. The day will never come where we will not have some acute beds, so-called, occupied by people awaiting placement in some other more appropriate form of care. As a general rule of thumb, I would have to say that if we can keep it to about 10 per cent of beds that are in some way or another tied up, then the system is functioning reasonably well. It is when it gets to 15 or 20 per cent or more that we start to worry and have to look to adding other facilities.

**Mr. Kennedy:** We are committed to the delivery of essential health care. In an area such as ours, even with the expansion proposed, which is considerable, we are pretty close to the line. They tell me the Mississauga Hospital used to plan to have 20 to 25 elective surgeries planned per day and has had to drop this to seven or eight because of the pressure of the need for acute care beds. We read a couple of weeks ago that the city is going to free up 26,000 or 27,000 new dwelling units.

**Hon. Mr. Timbrell:** Besides the hospital additions I have discussed, the district health council recommended a further 75 nursing home beds for Peel. An old home in Etobicoke was bought up and the 20 beds which were there have been moved. There is an addition being made to the Tyndall Nursing Home in Mississauga. Then there are the beds from the Armstrong Nursing Home in Bolton which the same operator bought up—another fairly old facility—which are being moved to Mississauga. So there will be a net addition in Mississauga of about 45 beds.

Then there is a competition, which closed today, for 55 beds to go in central Peel, somewhere in the Bolton-Caledon area. So you can see we are adding nursing home beds as well. By the end of 1982, Peel will have the chronic home care program as well, which will be a further alternative to institutionalization.

**Mr. Kennedy:** Do you see those nursing homes as freeing up or partially freeing up beds? They free up a certain number of hospital beds but not all.

**Hon. Mr. Timbrell:** That is right. But let's not forget that it is incumbent on the hospitals to try to maximize things like day surgery, for instance, rather than always hospitalizing people for elective surgical procedures that can just as well be looked after on an outpatient basis. That sort of thing continues to increase.

**Mr. Kennedy:** It continues to be a problem. That is really the thrust of my point. You mention you can live with, say, 10 per cent of patients who could really be treated elsewhere. Why couldn't we cut back to five? I am thinking in terms of the surplus schools available. Would there not be a possibility there of conversion into nursing homes?

5:40 p.m.

**Hon. Mr. Timbrell:** No. Even the most modern schools were built to different standards than our current requirements for nursing homes.

**Mr. Kennedy:** I know our standards are pretty high. We are pretty sophisticated.

**Hon. Mr. Timbrell:** We would be into renovation costs that would probably be as much as or more than the new construction.

**Mr. Kennedy:** But with the nursing home expansion you are using other people's capital, are you not?

**Hon. Mr. Timbrell:** Yes. The construction of the nursing homes is not financed through the ministry.



**Mr. Kennedy:** It seems to me then that we should be encouraging this—you have mentioned you are in a specific area—across the province and addressing the very problem we heard a couple of years ago. That seems to be a more economical route to go, especially with the federal budget we are faced with now.

I notice the Premier said at noon, and you also said, to address the need, partially at least, \$100 million is needed for additional operating costs. There is nothing in this for capital expansion.

I really think in some areas we are very close to the line of not being able to accept patients. When there is an eight-week waiting period, do you consider that of concern? That is for electives. As I say, they have reduced the electives from 20 or 25 to eight or nine to enable them to look after the acute cases. Is this of concern to you? Do you think we are coming down to the line where we might not be able to provide essential services?

**Hon. Mr. Timbrell:** No. Maybe I could just lead off for a minute to get into the figures. I have not got Mr. McClellan's earlier figures with me. What this arose out of was a concern on Mr. McClellan's part that a figure I used, that I asked for, in a speech in Ottawa in September was—

**Mr. McClellan:** Wrong.

**Hon. Mr. Timbrell:** —wrong. What this chart should include, and does not, are the figures for August 31, 1981. I want to acknowledge there were two mistakes made in the preparation of those figures for my speech in Ottawa.

Let me back up for a minute. One of the basic problems I think arose in trying to compare your figures with mine.

**Mr. McClellan:** They are all your figures. The record—

**Hon. Mr. Timbrell:** Okay, but you were using the rated beds from the older annual reports as opposed to what I have been using. Admittedly, in the annual reports up until 1976 or 1977, there were strictly rated beds used. Since then, up to and including the present day, we use approved beds.

**Mr. McClellan:** Does anyone know when you switched? I understand it was in 1978, but I may be wrong.

**Hon. Mr. Timbrell:** In fiscal 1977-78. "Rated" is the capacity of a building as opposed to "approved," which is the number of beds actually staffed and approved to be in operation. That is one thing. Your figures will in some

years be different from those I used because those you used were rated and I have been using approved. Around about 1977 or 1978 the figures should start to jibe between what you have—

**Mr. McClellan:** They started to jibe at March 31, 1978.

**Hon. Mr. Timbrell:** That is what I said, the 1977-78 fiscal year. The previous fiscal year, 1976-77, was a 15-month—we will not get into that. That was the transitional year when we went from calendar to fiscal.

At any rate, at the end of August, which was the point at which the comparison was taken for my remarks in Ottawa, the numbers approved were: 12,575 chronic beds; 28,324 nursing home beds; 12,901 homes for the aged extended care beds; and 36,382 acute beds. Two mistakes were made. Basically in the speech, if I remember correctly, we were comparing at that point, August 31, which was 11 days before my speech, to December 31, 1975.

The two mistakes were that the figures for August 31 did not include 770-odd nursing home beds that had been approved but were in various stages of construction or planning. But they are approved and funding has been protected for them when they come on stream.

**Mr. O'Neil:** Is that on top of 28,324?

**Hon. Mr. Timbrell:** It is 777 beds over and above that figure that have been approved. Going back to December 31, 1975, when the person who prepared the figures calculated the differences, there was one mistake under nursing homes. The person who prepared the figures mistakenly put the 24,823 which was for December 31, 1974, in place of the 25,592 for December 31, 1975. Are you with me?

**Ms. Fish:** What then belongs in December 31, 1975? Is it 24,823?

**Hon. Mr. Timbrell:** No. What shows here.

**Ms. Fish:** I am sorry, you are not correcting this? You are correcting figures—

**Hon. Mr. Timbrell:** No. I am trying to explain how there was a discrepancy.

**Mr. McClellan:** If I count back five years from the date of your speech, I do not get back to December 1975. Do you?

**Hon. Mr. Timbrell:** In any of the comparisons we have made on bed numbers, I believe we have always used December 31, 1975.

**Mr. McClellan:** You say that while the number of active treatment beds has declined in the past five years, the number of chronic and

extended care beds has increased by some 6,800. You said that on September 11, 1981, but if I was to count back five years, I do not think I would arrive at December 1975.

**Hon. Mr. Timbrell:** Okay, five fiscals if you will. To the best of my recollection, whenever we have compared numbers we have always used December 31, 1975.

**Mr. McClellan:** Except you used the figures for December 1974.

**Hon. Mr. Timbrell:** In that one category the person who calculated the numbers made the mistake of putting the December 31, 1974, figure for nursing home beds in place of December 31, 1975, which inflated the difference.

**Mr. McClellan:** So you are counting back before the freeze began?

**Hon. Mr. Timbrell:** No. The freeze began in 1975.

**Mr. McClellan:** Well, we got the Henderson report in the fall of 1975.

**Hon. Mr. Timbrell:** That was when the freeze was instituted by Management Board of Cabinet on the ministry in 1975. Then at the other end there is the figure of 28,324, which is approved beds in operation. There is a further 777 beds approved and in various stages of planning and/or construction.

**Mr. McClellan:** There were a whole bunch of beds on stream in 1975 and they were in progress. Then look at December 1976 where we had a big jump in beds from 25,592 to 27,111. Then for the next five years we have had very little happening.

That simply tells the story of your constraint program. In the meantime, during the same period of time we have had very significant cuts in the number of active treatment beds which tells the other side of the story of your constraint program. So no matter how you slice it, your figures in the speech were wrong.

5:50 p.m.

**Hon. Mr. Timbrell:** No.

**Mr. McClellan:** That is not the important point. The important point is the figures show the effects of five years of constraints measured in terms of bed cutbacks.

**Hon. Mr. Timbrell:** With respect, the numbers are not wrong overall because, as I have explained to you, there were the two mistakes, the one offsetting the other.

**Mr. McClellan:** I understand that.

**Hon. Mr. Timbrell:** If you look at the numbers of chronic beds, if you want to take December 31, 1975, which is our touch base, if you will, to the end of August, there is an increase of 2,802 approved beds in operation.

**Mr. McClellan:** That is not exactly the same as 6,800. It has to be offset by the cuts in active treatment beds which I have not had time to calculate yet, but I guess are in excess of 2,000 for the same period.

**Hon. Mr. Timbrell:** From December 31, 1975, to August 31, 1981—

**Mr. McClellan:** There is a decline from 38,637 in December 1976, or from 39,770 in December 1975—whatever you want—to the present total as of August 31, which is 36,382. No matter how you slice it, there is a big cutback in active treatment beds in Ontario which is not matched by an increase in chronic care beds.

**Hon. Mr. Timbrell:** There is. Again, I will walk you through it.

**Mr. McClellan:** You can drag me through it or I can fall through it, but I don't know—

**Hon. Mr. Timbrell:** What date do you want to use?

**Mr. McClellan:** I will use whatever date you want. I am not going back to 1974.

**Hon. Mr. Timbrell:** The date we use is December 31, 1975.

**Ms. Fish:** Can I ask a question on that just before you walk through? As I understood you, it was not until the figures listed in the column December 31, 1976, that the basis for the statistics was comparable to those listed in the figures to March 31, 1981, on the sheet, or with those you have provided orally on August 1981. The December 31, 1975, figures are formulated on a basis that is different. Do I understand that correctly?

**Hon. Mr. Timbrell:** No. The figures we show here under all of the dates are numbers of beds approved to be in operation. Where things got initially off the rails was in the annual reports prior to the 1977-78 fiscal year where the reports referred to rated beds.

**Ms. Fish:** But none of these figures refers to rated beds? They all refer to the same basis of approved beds?

**Hon. Mr. Timbrell:** That is right. These are all approved, staffed and in operation, if you will.

**Ms. Fish:** I just wanted to be sure.

**Hon. Mr. Timbrell:** That was the initial point of confusion or difference. The old annual reports did refer to rated and, quite rightly, you used what figures were there, but they are not the ones we are comparing. If you want to take December 31, 1975, to August 31, 1981, which was the point at which the calculations were done for my remarks in Ottawa, there has been a net increase in chronic beds of 2,602.

In nursing homes there has been a net increase of 2,732; in homes for the aged there has been a slight increase of 611; and in acute care beds there has been a reduction in that period of 3,388. But overall there is a net increase of 2,757, to which should be added the 77 nursing home beds that are approved and for which money has been protected to operate once they are completed. In the long-term area, there is a net of 6,145 plus that 77.

**Mr. Conway:** You must realize—and I have not been privy to this dispute or this dialogue between you and the member for Bellwoods (Mr. McClellan)—from just sitting here listening to this, it is absurd.

**Hon. Mr. Timbrell:** Is it?

**Mr. Conway:** You are setting a mathematical framework in which you could prove just about anything: that five years is five and three quarters years, that beds really are those for which you have protected money internally. Unless you put a glossary of terms with it for the public consumption, it renders anything you say just absurd, ridiculous. I would not know what the hell you were talking about. If I had listened to what you were alleged to have said that day in Ottawa in September and now heard this, I could have to say they are decidedly different things.

**Hon. Mr. Timbrell:** By the way, welcome to the estimates. I do not, with respect, think they're.

**Mr. Conway:** What a mug's game.

**Hon. Mr. Timbrell:** I am trying to put it in terms that are consistent, approved beds versus disapproved beds, and obviously on August 31 the disapproved beds were those in operation.

**Mr. Conway:** You did not say that in Ottawa.

**Hon. Mr. Timbrell:** Yes, I did.

**Mr. Conway:** I would like to compare what you have said here, which is very helpful by way of explanation, with what you were alleged to have said, if Mr. McClellan's quotes are accurate, in Ottawa last September.

**Hon. Mr. Timbrell:** I said that we had added or approved—I cannot remember the exact words—6,800 long-term care beds to the system, acknowledging that we had reduced the number of beds committed to acute care.

**Mr. Conway:** I sure would not want you to be the timekeeper at a kids' hockey game.

**Hon. Mr. Timbrell:** In fact, staffed and in operation at August 31 were 6,145 more long-term care beds plus a number of beds approved, funding for which was protected for when they are ready.

**Mr. Conway:** I apologize for my interventions.

**Hon. Mr. Timbrell:** With respect, I do not think I misled anybody.

**Mr. Conway:** It sounds perfectly absurd listening to this, just absolutely ridiculous.

**Hon. Mr. Timbrell:** You have not even been here in the estimates. We are almost finished and you are just arriving.

**Mr. Chairman:** Mr. Minister, have you finished your clarification?

**Hon. Mr. Timbrell:** I think so.

**Mr. Chairman:** Let us go back to Mr. Kennedy.

**Mr. Kennedy:** Thank you, Mr. Chairman. As a matter of fact, what we heard is quite clear. There is no problem that way, but the problem I see is that in the past the thrust has been for each community to build more hospital beds. I hear two things in my area, and I think it applies elsewhere. One is the delay in surgery and trying to meet the needs, and I agree that you do a pretty fair job. I get more calls with respect to the need for nursing homes and the lack of nursing home beds.

**Hon. Mr. Timbrell:** The health council looked at the need in Peel region and recommended 75 beds for Peel region. That has been approved for Peel region by a combination of the new nursing home that will be built in central Peel with 55 beds and the 20 that have been transferred to the Tyndall Nursing Home in Mississauga. We have protected the money to do what your own local health council recommended.

**Mr. Kennedy:** I agree that is a good vehicle to address this problem, but we still come back to the point that if we could release 10 per cent of the beds, which you agreed with, it seems to me there would be a saving of capital expenditures.



When you use nursing home beds and free those up, you are using private sector capital. I think there should be emphasis on that.

**Mr. McKessock:** There are 10 in Meaford already built and ready for licensing.

**Hon. Mr. Timbrell:** The point is that the day will never come and the day has never come anywhere in the world where you can say that the acute beds are completely—if you will pardon the expression—flushed of any long-term patients.

**Mr. Kennedy:** I understand that.

**Hon. Mr. Timbrell:** But if we can keep it at 10 per cent, I think that is a reasonable standard. 6 p.m.

**Mr. Kennedy:** I keep hearing from retirement homes. They have vacant beds; there is quite a fair vacancy in this area. They are run by the private sector, of course, and the treatment for patients or guests does not reach a very high level of medical need. This is a possibility I think our local health council and perhaps those in other communities—I am not speaking very parochially; it is a broad problem—should look at because there is capital expended and there are things which are very well adapted.

**Hon. Mr. Timbrell:** When we approve additional beds as we have for Peel, the rest home operators or retirement home operators are entitled, as much as anyone else, to make submissions asking for approval to build or to convert or whatever. They are all considered.

**Mr. Kennedy:** There is just one other point. In your annual report you mention home care. The province is served by 38 local programs. Under what direction are they or what service do they provide? How ill can a patient be to move into that kind of facility? Do we need more of them? Are they in the process of expansion?

**Mr. McClellan:** Didn't anybody tell you this when you were parliamentary assistant?

**Hon. Mr. Timbrell:** He was not my parliamentary assistant.

Interjections.

**Mr. Kennedy:** You are confused. You did not understand the previous figures we were discussing 10 minutes ago. You should have understood them.

**Mr. Chairman:** Are you finishing your question?

**Mr. Kennedy:** Yes. I just want a comment on that. This is an area where we can relieve the most costly patient care, which is acute bed.

**Hon. Mr. Timbrell:** Let me briefly answer that by saying that the home care program is one of the fastest, if not the fastest, growth centres of my budget. In the last five years our spending on home care has increased by approximately 25 per cent, which is made up of two factors.

**Mr. McClellan:** Starting from what? Starting from zero.

**Hon. Mr. Timbrell:** The home care program in its oldest manifestation began around 1959 in Toronto.

**Mr. Conway:** Would you care, Mr. Minister, to help us understand that by tabling all the relevant information to tell us precisely what that means in terms of—

**Hon. Mr. Timbrell:** I will be glad to. Some members have been interested and been here a long time. I am just completing the answer to Mr. Kennedy.

It is made up of two components. One is an increase in utilization of the acute home care services. The second is the gradual introduction of chronic home care over the last six years in various parts of the province, which will be completed by the end of 1982. Increased utilization and expansion into the chronic home care field have led to this, I believe I am correct, approximately 250 per cent increase in the last five years.

We will have program staff here tomorrow to answer in detail any questions you have about criteria for home care.

**Ms. Fish:** Before we adjourn, may I table a question on this chart that I think the minister might be able to respond to tomorrow? It is a question respecting the homes for the aged at the August 1981 figures you gave us as compared to March 31. I would be interested in knowing why they show a decrease in that short period of time in excess of 200 beds.

**Hon. Mr. Timbrell:** It is a very short answer. Providence Villa converted 224 beds to chronic care.

**Mr. Chairman:** I have a list for tomorrow. We will start with Mr. O'Neil, followed by Mr. McClellan, Mr. Van Horne and Mr. McKessock.

**Mr. O'Neil:** Maybe I could get a quick question out of the way while we have Dr. Dyck here.

**Mr. Chairman:** Are you planning not to be here tomorrow?

**Mr. O'Neil:** I may not be here. It is on the nursing home beds in the city of Trenton. I know I had an awfully hard time getting through

Dr. Dyer to get him to return my calls. I think was being neglected for about a week's time without any return call. I was told there would be an answer coming very shortly. What is the situation of additional nursing home beds in the city of Trenton?

**Hon. Mr. Timbrell:** As I recall, there is a long-term care report which has been prepared by the committee chaired by Mr. John Legate.

**Mr. Chairman:** There is a long-term report.

The committee adjourned at 6:03 p.m.

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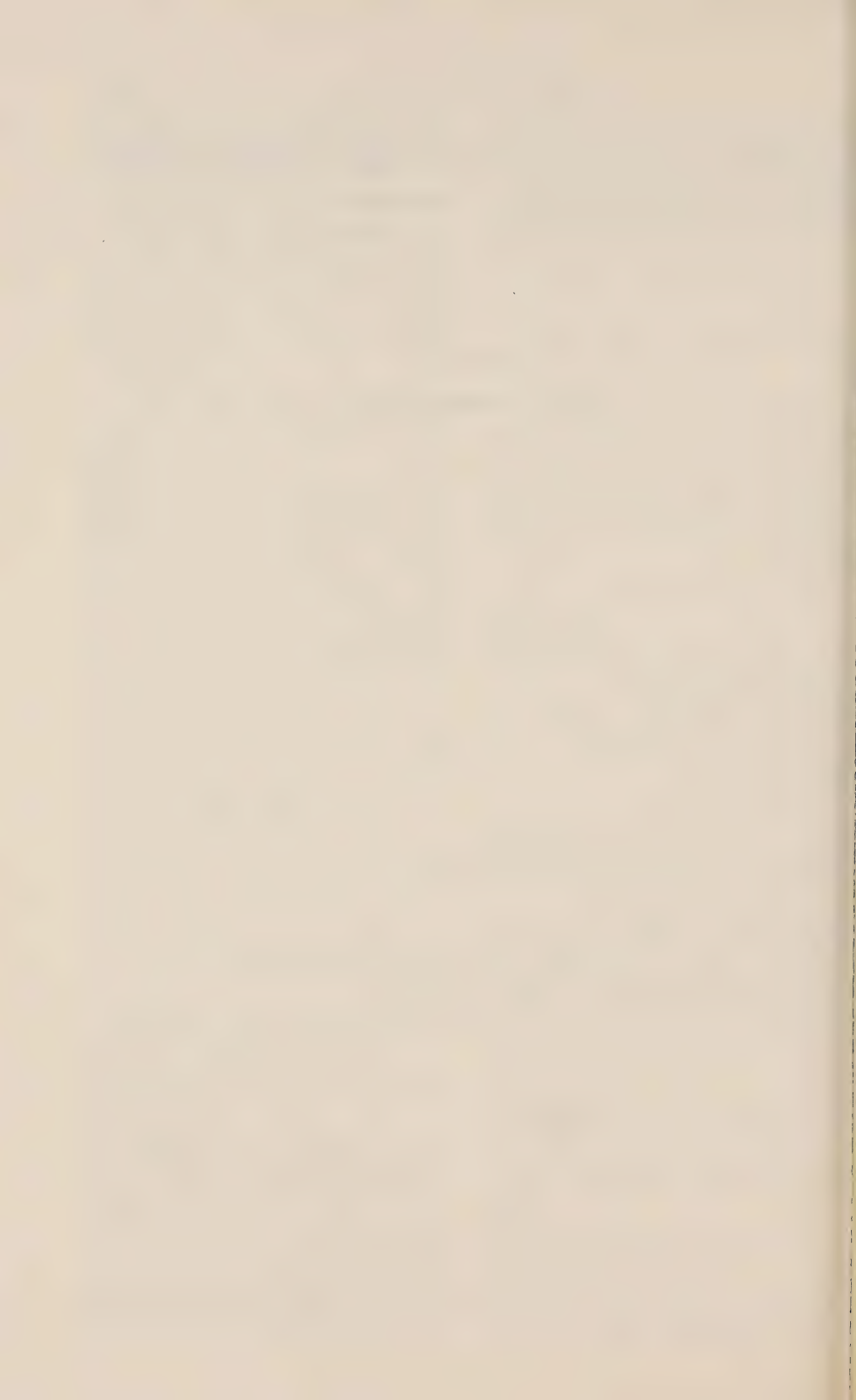
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No. S-30

# Legislature of Ontario Debates

## Official Report (Hansard)



**Standing Committee on Social Development**  
Estimates, Ministry of Health

**First Session, Thirty-Second Parliament**  
Tuesday, December 1, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC



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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Tuesday, December 1, 1981**

The committee met at 3:47 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF HEALTH (concluded)

**Mr. Chairman:** I see a quorum.

On vote 3202, institutional health services program; item 4, institutional care services:

**Mr. Chairman:** The first speaker on the list is Mr. Van Horne—unless you want to switch with Mr. McKessock.

**Mr. Van Horne:** Mr. Chairman, I do have some questions to ask, but I am prepared to defer to Mr. McKessock if it is understood that when he finishes I could pick up.

**Mr. Chairman:** Yes. You will be next.

**Mr. McKessock:** I want to follow up with a question I had in the House pertaining to the bill my constituent received from the hospital, for \$10,624, to be exact.

**Hon. Mr. Timbrell:** It was for how many days? Did their bill say? It is so much per day times the number of days.

**Mr. McKessock:** She was discharged on August 1 of this year, so it would be about four months since the discharge.

**Hon. Mr. Timbrell:** Discharged where? Home?

**Mr. McKessock:** Discharged from the hospital. The hospital discharged her. I might as well give you the names so you will have this.

**Hon. Mr. Timbrell:** Sure.

**Mr. McKessock:** It was Mr. Stanley Newson.

**Hon. Mr. Timbrell:** Can we get copies of all of this so we can follow it up afterwards, please?

**Mr. McKessock:** Okay. Fine. Mr. Stanley Newson, 68 years, came to my Markdale office last Friday, November 27 and told me about his wife, also 68 years old, who is in the Meaford General Hospital and has been there since July 1980. Last Wednesday, November 25, Mr. Newson received a bill from the hospital for \$10,624.

As I mentioned in the House, we have been talking about user fees lately and Mr. Newson informs me they are already here.

**Hon. Mr. Timbrell:** In this case, not for insured services, I suspect.

**Mr. McKessock:** Do you want me to follow up with some background?

**Hon. Mr. Timbrell:** Yes. Sorry.

**Mr. McKessock:** Some background on this: Mrs. Newson went into the hospital with ulcers, in November 1979 and was discharged in January 1980. She returned to the hospital in July 1980 and has been there ever since. This is one year and four months.

During this time, she had a hip joint put in and continued taking therapy, but never regained the use of her leg after the operation. In January 1981, gangrene set into the foot and the leg was removed to above the knee. Mrs. Newson has had eight strokes in the last three years; she has arthritis; she cannot use her left hand and has little use of her right. She is now confined to a wheelchair, has made an application and has been accepted for extended care.

On August 1 of this year, Mr. Newson was called by the hospital and told that his wife was discharged and he could come and get her. Mrs. Newson's doctor was on vacation, but Mr. Newson was told another doctor had discharged her. Mr. Newson told me that he and the hospital—

**Hon. Mr. Timbrell:** Can I just ask a question because I seem to be getting a lot of information and I am not taking notes. When her doctor returned, did he do a reassessment of her and consider whether or not to readmit her to hospital, which would be his right?

**Mr. McKessock:** I am not sure, but it is my understanding from letters that Mr. Newson received from the hospital that her doctor concurred with her discharge.

**Hon. Mr. Timbrell:** Her doctor concurred with the discharge?

**Mr. McKessock:** That is my understanding.

**Hon. Mr. Timbrell:** Okay.

**Mr. McKessock:** Mr. Newson told me he and the hospital contacted every nursing home from Chesley to Creemore and there was no vacancy. He did not know what to do so he contacted his lawyer and the lawyer said he should try to make other arrangements but leave her in the hospital

until other arrangements were made. Mr. Newson told the hospital what the lawyer had said and the administrator said he would have to go by what the board had said and that Mr. Newson would be charged from that time forward. This was August 1.

**Hon. Mr. Timbrell:** He was told that at that time, was he?

**Mr. McKessock:** He was told that at that time.

**Hon. Mr. Timbrell:** Was he told how much he would be charged?

**Mr. McKessock:** Not to my knowledge. But I see from the bills it is \$128 a day.

**Hon. Mr. Timbrell:** All right. That would probably be the average daily cost per bed at that hospital in the 1980-81 fiscal year, which would be the last per diem calculation for the hospital.

**Mr. McKessock:** Standard ward care, I believe.

**Hon. Mr. Timbrell:** Yes.

**Mr. McKessock:** Mr. Newson, who, as I said, is also 68 years of age, has back problems himself. Mrs. Newson is confined to a wheelchair and has been accepted for extended care. There is no way Mr. Newson could look after her at home so what is he to do? That is the question. He left her at the hospital and now, as of last Wednesday, he has received a bill for \$10,624.

**Hon. Mr. Timbrell:** The short answer, without having someone make contact with his physician and make some kind of a learned judgement of the record, comes down to this—and this is true with any case. If the physician discharges a patient from the hospital, from that point of discharge further use of the hospital facilities is an uninsured benefit. I would be surprised to learn of any physician who would discharge a person from hospital to home if they know—or should know—that the person cannot, either through family or through the home care program, maintain themselves. That is why I asked the question.

You said the discharge had been signed by someone other than her personal physician who, at the time, was on vacation. That is why I asked whether the personal physician reviewed the case on return and considered whether or not to readmit, which would have been the right of that physician so to do. You tell me that the personal physician concurred with the decision to discharge this person.

If I may just add another point. You make the observation that she had been approved for an

extended care certificate. Of course, in addition to people who are in hospitals, there are other people who have been granted such certificates; people in the community have been granted certificates and are being looked after by their families, their spouses, by other members of the families and/or the home care program. So the fact of having gained an extended care certificate does not, of itself, suggest the person has, under all circumstances, to be confined to some kind of institution.

What I would like to do is to turn this over to some of our staff, particularly if we can get one of the medical consultants on the staff to talk with the physicians and explore these points. But it still comes down to the fact that once a person is discharged by their physician from whatever facility, whether it is a public hospital or if their extended care certificate is not renewed, and that happens sometimes, then the service becomes a noninsured benefit and the person is liable for the full cost.

**Mr. McKessock:** We talk about having a great health care system.

**Hon. Mr. Timbrell:** We do.

**Mr. McKessock:** Yes, I generally agree. But I dread that when I become 68, like this fellow, I may be presented with a \$10,000 bill.

**Hon. Mr. Timbrell:** But what it comes down to, and this is what I would like to have investigated, is that from the facts you have presented, it sounds to me as if some physician, or perhaps two physicians in this case, have made a determination that while the person would meet the criteria for extended care coverage, which is essentially a minimum of one and a half hours of nursing per day, that person could function at home and need not therefore continue to occupy a hospital bed. One physician signed and the other later concurred in the discharge of that person.

**Mr. McKessock:** There is a sentence here that says, "Dr. Stone"—this was her doctor—"also indicated that Mrs. Newson could be cared for at home." Certainly a person could be cared for at home if there is someone there to care for her. But in this case, the only person at home was her husband, who is 68 years old and this past year he has been treated several times for back problems by a chiropractor; so really what happens in that case?

**Hon. Mr. Timbrell:** Again, I obviously do not know enough about his condition and I do not know if there are other members of the family available and in close proximity to assist. I do



not know whether any of your correspondence makes reference to the home care program, which is operated under the auspices of the local health unit and which would be available.

**Mr. McKessock:** But that is only so many hours a week.

**Hon. Mr. Timbrell:** Yes. Again, I do not know enough about her condition to know what she would need. From what you have described, it sounds as though perhaps she gets around with a walker or a wheelchair.

**Mr. McKessock:** She is in a wheelchair. She has arthritis, which—

**Hon. Mr. Timbrell:** Yes. But as you know, there are many people in their homes who have arthritis and are in wheelchairs. I just cannot make a snap judgement. I am just telling you that from the sound of it, and you have confirmed it, the physicians have said, "This person can function at home and should not be in hospital."

**Mr. McKessock:** Okay. But with that in mind, the fact is that if there is no one to look after a person in a home, home assistance does not provide enough care. Right? Anyone who has been approved for extended care, and I know it is not easy to get, must show that they are not capable of looking after themselves and need considerable care, which is more than the 68 year old man can provide.

**Hon. Mr. Timbrell:** That is not necessarily so. Extended health care means a minimum of an hour and a half nursing a day. It does not mean that a person is totally debilitated or bedridden, or whatever else. You should not equate an extended health care certificate with total disability, because that is not the case.

4 p.m.

**Mr. McKessock:** But you must know how hard it is to obtain an extended health care certificate.

**Hon. Mr. Timbrell:** I have heard arguments the other way as well; that they are too easy to get, that the criteria for the extended health care certificate should be re-evaluated. I have heard it argued both ways, Bob.

**Mr. McKessock:** I would like to tell you a little more about this because it seems strange in this day and age. I asked him about his income. They both live on a pension and they own their own home. As far as I could tell, that is all they have.

The question is, what is going to happen with

this \$10,000 bill? Is he responsible for that? Doesn't that bill automatically go to OHIP once she is discharged?

**Hon. Mr. Timbrell:** No. Once a person is discharged, they are no longer insured. I shall try to think of an analogy. It would be as if you were notified that you had exceeded the limit on your car insurance, or that it has expired, and you then submitted a claim because you were insured.

The person was notified that she was discharged, and you have told me that was confirmed by her own physician when he or she returned from vacation. You have said they were told at the time that because the discharge papers had been signed by the attending physician, he would be liable for the coverage from that point forward as an uninsured benefit. You have told me that all those bases were covered.

It would seem that they did not convince the physicians that their judgement was wrong, in which case the physician has a responsibility—

**Mr. McKessock:** I am not sure that they tried, and if there had been a nursing home bed available, he would not have received this bill. She would have been in a nursing home.

**Hon. Mr. Timbrell:** Your way of expressing the circumstances implies that every person who is in possession of an extended care certificate is debilitated and must be in some kind of an institution. The fact is, many people who have extended care certificates are being looked after at home by family or friends, or by the home care program, or are being watched over by the local public health unit while awaiting admission to an extended care facility.

**Mr. McKessock:** That may well be, but that really was not what I said. If there had been a nursing home bed available, she would have been in it, and he would not have had this bill for \$10,000.

**Hon. Mr. Timbrell:** If there had been a nursing home bed available, and if admission was on the basis of need, they might well have admitted someone who was totally debilitated and could not function at home, rather than the woman you are referring to. From what you have told me, it sounds very much as though the two physicians said, "While this person meets the criteria for an extended care health certificate, she can get along at home."

**Mr. McKessock:** Yes, if there is someone who can look after her.

**Hon. Mr. Timbrell:** If you can give me copies

of all this, I will turn it over to someone who will check into it. But so far, what you have told me is that two physicians made that judgement.

**Mr. McKessock:** If anyone can get into a nursing home today this lady seems to qualify, from the evidence I have and from what I have given you.

**Hon. Mr. Timbrell:** You say that if there had been a nursing home bed available, she would have been admitted. All I am saying is that there may well have been a totally debilitated person who would have got in ahead of her and she would have had to wait.

**Mr. McKessock:** Does this indicate to you that we need more nursing home beds in that area, especially?

**Hon. Mr. Timbrell:** The local health council has conducted a study and I believe they have submitted some recommendations for five here and 10 there, and so forth, all around the counties of Grey and Bruce, which we would consider in the next year, assuming we get approvals for more nursing home beds.

Our usual policy is to hold competitions for additional nursing home beds. A competition just closed yesterday for 55 more beds in central Peel. However, where such a study has been done, and where a particular home proposes to add 10 or fewer beds, we can waive a competition—in Meaford, for instance, if the recommendations of the council are consistent with the operator there adding 10 beds, or to licensing 10 beds as extended care. We could waive the competition for that once we have approval for more funds in the next fiscal year to add more extended care beds.

**Mr. McKessock:** There are 10 beds in that modern nursing home there. It seems to me it must be a year since the health council said these beds were needed. How come the funding has been delayed?

**Hon. Mr. Timbrell:** I am not sure when the report was finalized. I think they went through a draft report stage and put it out for discussion. I think they finalized it this year but I could be wrong.

**Mr. McKessock:** Just to give this a little more clout, I want to read the last paragraph to show how I feel. It is too bad that a person like this, 68 years of age, has to be subjected to this kind of thing. I know there are many similar cases where this does not happen because the facilities are available, or there may be someone at home who can look after them.

**Hon. Mr. Timbrell:** But that is what this seems to come down to. It comes down to an opinion, a judgement on the part of two separate physicians that the person could be looked after at home. It seems to me that is the critical point, that they were unable to convince the physicians. The physicians have a responsibility, in any hospital, to discharge patients who do not need to be in those beds.

**Mr. McKessock:** Would you agree that could mean they could be cared for at home or in a nursing home?

**Hon. Mr. Timbrell:** Yes, if the person can be looked after at home. One of the objects of programs like our home care program has been to attempt to look after people who otherwise would go into nursing homes or hospitals. The purpose is to keep them out of these institutions.

**Mr. McKessock:** There has been a great effort to keep this lady out of the hospital, anyway. I will just read you the last paragraph of the letter from the administrator, dated in October of this year. "I am sorry this is necessary, but if you have not made some arrangements regarding payment of the enclosed account by October 15"—which at that time stood at something like \$3,800—"our usual collection procedure will be taken."

**Hon. Mr. Timbrell:** I cannot understand, if it was \$3,800, why did he not contact you or the doctors at that time instead of letting it run to \$10,000?

**Mr. McKessock:** He has been trying, continuously, to get a nursing home bed. His lawyer told him to keep looking and not to take her out until he found some other arrangements.

**Hon. Mr. Timbrell:** Maybe he got bad advice. It still comes back to the fact that if her physician believed she should be in hospital, that she could not function at home or could not be looked after at home, then that physician could readmit her immediately.

**Mr. McKessock:** He has brought it to my attention now and that is why I am bringing it to you. But I would like to read you the last paragraph of that letter.

**Hon. Mr. Timbrell:** It sounds as if he may have had some bad advice from his lawyer.

**Mr. McKessock:** Here is another lawyer who I think has given him bad advice, certainly in strong words. That is the lawyer the hospital engaged, apparently. The last paragraph of his letter, which is dated November 6, just a few weeks ago, reads:

"I must emphasize to you that the hospital has no obligation to you to act as a nursing home bed. The Meaford General Hospital requires that bed for ill patients. By your wife occupying that active treatment bed, it means that other seriously ill patients cannot be accommodated. This selfish and stubborn approach is resulting in considerable inconvenience to the hospital and I would urge you to immediately take steps for the removal of your wife to prevent further action from being taken against you."

**Mr. Gordon:** Who wrote that?

**Hon. Mr. Timbrell:** The lawyer for the hospital from the sound of it. It keeps coming back to this. If, in the absence of an available extended care bed for this individual, her physician was of the opinion that the only place for her was in that hospital, and if she did not like that physician, I suppose she could do what some people do and shop around until she found the one—I am not recommending this, strike that. Well, let us call a spade a shovel. That is what some people do.

4:10 p.m.

If a physician consulted by her, or by her husband on her behalf, had said, "In the absence of a nursing home bed, this person cannot function at home, cannot be cared for under the terms of the home care program or through the assistance of the local health unit; therefore she should be in hospital," that physician could and would admit her. That would be the end of the issue.

That is what it comes down to. Whether we are talking about someone who stayed in a hospital bed four months beyond discharge, or whether we are talking about someone who refuses to leave for three or four days because it is not convenient—and that happens, believe me; we hear about it all the time—the principle is very simple. Once the attending responsible physician signs the discharge papers, you are no longer covered.

**Mr. McKessock:** Okay. I would like your advice now as to what I should say to this 68-year-old man.

**Hon. Mr. Timbrell:** I think you should say you have given the information to the minister, who is going to have one of his staff persons, probably a physician, talk with the hospital and the responsible physician to see if there is anything more to it than what we have discussed today. If there is nothing more to it than what we have discussed today, if it comes down to the fact that the physicians were and are of the

opinion that the person did not need to be in hospital and could be looked after at home, then she is not covered.

**Mr. McKessock:** What would you do if you were in his shoes and living on a pension? This is my last question.

**Mr. Chairman:** I would appreciate it if you would conclude the case.

**Hon. Mr. Timbrell:** If I was convinced that the doctor was wrong, I would argue with the doctor and I would probably seek additional medical evidence to refute the notion. In the absence of that, I would take my relative home.

**Mr. McKessock:** And look after her yourself?

**Hon. Mr. Timbrell:** Yes.

**Mr. McKessock:** Even if you were not capable?

**Hon. Mr. Timbrell:** That is what it comes down to. Presumably the attending physicians know the husband as well, know his history and would consider that in forming their opinion as to whether or not she could be looked after at home.

**Mr. McKessock:** I think you did say that if nothing could be found for her, maybe the doctor would change his mind—if there was no bed and he felt she could not be looked after at home.

**Hon. Mr. Timbrell:** Exactly. It has often been said that the physicians are the gatekeepers of the system. They decide who to admit and who to discharge and it is a health insurance plan. The key thing here is that when a physician signs on the dotted line that the person is to be discharged, from that point forward the patient is not insured.

**Mr. McKessock:** Thank you, Mr. Minister. I will give you copies of this information so you can look into it further.

**Mr. Chairman:** Thank you, Mr. McKessock. I have been reminded by the clerk that there was general agreement last Wednesday that if we had less than an hour remaining of the official allocation of time at six o'clock, we would try to conclude the estimates today.

This is why I tried to interrupt your questioning, Mr. McKessock. It was simply to give an opportunity to as many members as possible to question the minister on the various items still remaining. We have Mr. Van Horne, followed by Mr. McClellan.

**Mr. Van Horne:** I want to start with an



indication of some of the responses to the fifth question on the survey that I sent out to the hospitals in the latter part of the summer.

**Hon. Mr. Timbrell:** What was that question?

**Mr. Van Horne:** There was a variety of questions: the waiting time for elective surgery; the number of people on the waiting list for elective surgery; if the number is the same as last year or more or less; if there are other times in the year at which time the number waiting would be greater or less. The fifth question was, what do you consider to be the biggest problem facing your hospital in this coming year? We sent out 200 of these, eliminating those other hospitals that may not have surgery facilities, et cetera.

**Hon. Mr. Timbrell:** Like chronic care?

**Mr. Van Horne:** Yes. When these estimates began, we had 134 responses, which I think is significant. The majority of people responding indicated they were concerned. There were only two hospitals, one in Ingersoll and one in Metro, that chose to respond by saying they dealt with either you or the Ontario Hospital Association and they were not at all interested in us or what we were trying to do. The other 128 were a little more enlightened.

**Hon. Mr. Timbrell:** Which was the one in Metro?

**Mr. Van Horne:** I would like to get that for you. I have it buried down here. We may as well get it on the record.

**Hon. Mr. Timbrell:** I will send them a Christmas card.

**Mr. Van Horne:** York Central Hospital, 10 Trench Street, Richmond Hill, Ontario. At any rate, the comments which are the basis of Mr. McClellan's and my concern, and very likely your concern, are as follows—again, the question was what do you consider to be the biggest problem facing your hospital this coming year: "Underfunding in relationship to inflation—increased outpatient volume but no additional money or capital expansion." Another quote: "Active bed shortage."

Another quote: "Substantial underfunding which seriously restricts the ability of the institution to handle the growth which is ongoing in special tertiary services such as multiple trauma, head injuries, cancer chemotherapy and open heart surgery."

"The fact is that due to the progressive reduction of beds to the level of 3.5 per thousand, the general intensity of care require-

ment of the patients remaining in the system has increased with no commensurate increase in available manpower. This, coupled with a real growth in tertiary care, has brought the major teaching hospitals to the point where major service cuts must be contemplated."

Another comment: "Legitimate uncontrollable costs are exceeding approved revenues rather drastically." Another answer, one word: "Money." Another answer: "Inadequate funding of existing programs, even after cost containment programs have been completed. We have 3.5 beds per thousand; about 50 per cent of all surgery is one-day stay. We operate 91 per cent occupancy. . ."

They are answering a flock of questions in one statement. Another response: "Lack of funds to support existing hospital programs and services." Another reply: "Insufficient funds, beds, facilities to accommodate growing patient demands." Another reply: "Shortage of nurses, therapists." Another reply: "Maintaining costs within the approved budget as it applies particularly to wages, fringe benefits, ambulance costs, et cetera." Another reply: "Coping with deficit operation while service demands increase. Uncertainty of Ministry of Health funding."

We tried to take the statements from the responses we felt were hitting more or less at the same theme but perhaps using slightly different words. I could go on and read two more pages. I will pass this to the clerk now so he can photostat it and give you a copy. If you do not mind, Mr. Chairman, I would like it back.

The point is this: I am sure that survey of ours would say much the same as a survey which you might take, if you have not already taken one within the last few months.

We are aware of headlines as recent as this morning in which the Premier (Mr. Davis) is quoted as saying available funds preclude giving the hospitals all they want but he and you are going to give them something. Various figures have been used, depending on which paper you read.

Some of the people who attended the meeting at which the Premier spoke yesterday came away with a feeling of uncertainty as to what the exact amount of money might be. But the indication is there that something more will be available to help them out of their drastic situation.

I cannot stress enough the feeling I have that there is need for some better long-range planning process to assist the hospitals and to give

your ministry at least the semblance of some better direction than it has. I say that being as objective and as fair as I can.

4:20 p.m.

I realize it is a horrendous problem. You have a super-large ministry with super-big problems. But I think the funding, which is the cornerstone to your area of problems, has to be addressed as soon as possible with a view to a long-range plan. I do not see that. If you have it, share it with us.

Maybe you would like to spend a few minutes telling us about your long-range financial planning for the Ministry of Health. If time does not permit today, perhaps you could give it to us at a time more convenient to you. I do not think the House should be excluded from this because all of us back in our communities have either hospitals or, if the community is too small, we at least have the local doctor or doctors who in turn use hospitals for our constituents and they are concerned.

You have to be aware of the concern out there. That is my first point on this particular vote. I have a handful of other items and again—

**Hon. Mr. Timbrell:** Maybe I could just respond. Let me just say I think the kinds of answers you got are the kinds of answers that would be predictable in almost any health care system anywhere in the world, no matter where it is and no matter what the level of gross national product or gross domestic product or whatever index you want to use. The day will never come in any well-oiled universal health plan—it will never come—when you have committed so much money the system will sigh a collective sigh of relief and say that is enough. It just will not happen.

I would want to remind you, as I will remind them tomorrow morning, that in the last two fiscal years—I misled you yesterday, by the way, on one of the figures I used and I will come to that—last year our rate of increase in spending on institutional care, hospitals in other words, was 11.7 per cent. This year our increase so far is 17.1 per cent on institutional care.

The total increase to date in spending in the last two fiscal years for Ontario hospitals is \$651 million. That is the figure on which I misled you because I was saying \$600 million and my staff pointed out I was misleading you. It is more than \$600 million; it is \$651 million.

**Mr. McClellan:** That is over two years?

**Hon. Mr. Timbrell:** That is over the two fiscal years. The cumulative effect is that, comparing

1979-80 to 1981-82, to date the increased spending on institutional care is 29.2 per cent with respect to base budget increases this year. This year we did change the budgeting process to attempt to get a better handle on the growth in the system. We also tried to get away from something which, in my view, must stop; namely deficit financing.

That was the phase one, phase two budget process. Phase one was the budgets for the existing approved operations and for those the hospitals have to date had approved. A 12.1 per cent increase, which applies to their entire budget, and is higher than the figure and the percentage increase in their salaries.

I am referring, of course, to the recent series of arbitrations in 1981 with respect to the Canadian Union of Public Employees, Service Employees International Union and the Ontario Nurses Association. All the settlements they have had have been in the 11 per cent range.

I made the first point of the 12.1 per cent applying to their entire budget because on average their salaries and wages would be in the 75 to 80 per cent of budget range. So, their increased costs on three-quarters or more of their budget are at a percentage rate lower than the rate of increase on their budget. Effectively, that means they have an increase in funds available on the balance of their budget for supply and services greater than 12.1 per cent.

Relative to that, let me tell you, my staff has been watching very carefully the shopping list, if you will, the typical hospital shopping list for goods and services, and—

**Mr. McClellan:** Would you go over that again? I do not want to prolong this, but I was going to ask you about the distinction between your phase one and phase two—the budget—

**Hon. Mr. Timbrell:** In the last couple of years, we have, in the last quarter of the calendar years, found ourselves in the position that various hospitals have been reporting growth and demand for various services, particularly life-support programs, pacemaker implants, dialysis, cardiographs for surgery, hyperalimentation and these sorts of things. These have led to budget appeals. You have heard about those.

In order to try and turn the system around—that is, instead of always dealing with deficits made in the year on unapproved expenditures—we said to the hospitals at the start of the year: “All right. Here is an increase on your base budget”—and at the start of the fiscal year it was 10.1 per cent and is subject to revision when we

see the settlements, the arbitrations." We said, "Our calculations show"—and our calculations continue to show, I am assured by Dr. Dyer—"that this will cover not only the settlements, but also increases in the range of goods and services you have to buy."

When we saw the CUPE/SEIU arbitrations in the last week or 10 days of June, we calculated the effect of that across the system and assumed—correctly, as it turns out—the effect of the ONA settlement, which did not come until about early October, would be of the same order.

We therefore gave the hospitals an additional 1.5 per cent for last year, which established a new base budget for every hospital. Every hospital's approved budget went up by 1.5 percentage points. On that revised base, we added a further two percentage points this year. So, the cumulative effect of that was around 13 something—

**Mr. McClellan:** Thirteen point six.

**Hon. Mr. Timbrell:** Right—for this year. The point I was making was the typical hospital budget divides it into two categories: salaries and wages, which is 75 to 80 per cent of the typical hospital's budget; and the balance, 20 to 25 per cent is for goods and services.

The settlements have all been in the 11 to 11.5 per cent range, including benefits. So increased costs on 75 to 80 per cent of their budgets are less than this year, less than the overall percentage increase granted on 100 per cent of the budget.

That means there is a difference there between 12.1 per cent on their salary and wage account and the actual increase to them. Because they are double budgets they could apply it to their goods and services costs. The net effect is a higher than 12.1 per cent increase on that 20 to 25 per cent of their budget for goods and services. Does that clarify it for you?

**Mr. McClellan:** No. There is a second submission that is—

**Hon. Mr. Timbrell:** I am coming to that.

**Mr. McClellan:** Sorry.

**Hon. Mr. Timbrell:** That is phase one.

**Mr. McClellan:** Okay. I understand phase one, but I do not understand phase two.

**Hon. Mr. Timbrell:** I am trying to change the notion that somehow the increases which have been granted this year—forgetting about growth, controlled or otherwise—are somehow insufficient. If you follow the logic of what I am saying, I hope I can show you they are not.

By the way, we had said to the hospitals that they had to have their phase one budgets in by the end of June or July 1. I have to tell you we did not get a number of them until the fall, at which point some had gone ahead and engaged additional staff, if not started new programs, and put themselves into a deficit position. I will come back to that point later on.

**4:30 p.m.**

We told them we wanted to have their phase two budgets by—what was the date they were given for that? What was the phase one date? Was that the end of May?

**Dr. Dyer:** Phase one was supposed to be before the first of the year and we asked them to—

**Hon. Mr. Timbrell:** Yes, okay. Sorry, I have my dates mixed up.

**Mr. McClellan:** Mid-March?

**Hon. Mr. Timbrell:** Phase one was March or April, somewhere around the start of the fiscal year. I do not think it was an unreasonable request. There is no way any hospital in the province—however large or small, but especially the larger ones which are as big or bigger than the average company in the province in terms of the number of employees, revenue and expenditures and so on—should have to take five or six months after the date of the ministry's announcement of the base budget increases to submit their budget.

That budget has to be a living thing which is ongoing all of the time. I am sure when you were the principal of a high school you had a finger on your budget at all times. Depending upon the direction from the board, you could make submissions in a week or two, or a month at the outside.

**Mr. Van Horne:** It was reviewed every four weeks.

**Hon. Mr. Timbrell:** Yes. We get monthly statements from the hospitals. In my mind, there is no legitimate excuse for the length of time some hospitals take to submit their budgets. We asked for the phase two budgets by the end of June or early July. A few of those are still not in, but most of them are.

As was explained to the hospitals, the phase two budget was intended for them to identify where in their operations they were experiencing uncontrollable growth which would necessitate the addition of further staff and related supply costs, or where they wanted to start new programs to meet previously unmet—

**Dr. Dyer:** That is the first part.



**Hon. Mr. Timbrell:** That is the first part, right. The point I have to make is I have repeatedly said to the hospitals: "Do not commit yourself to spending dollars you have not had approved. Do not add staff, do not start programs you may have submitted for approval"—or may not have in some cases—"and assume that whatever you want you are going to get, to the last penny."

That is an unsafe assumption. They may very well find themselves in a position where even when we apply the funds we are going to apply to the phase two budgets, such as new programs or expansions, some may find themselves in a position where they have committed themselves to staffing levels or programs that will not be covered. They will have to cover these from their own resources until such time as they are approved.

Dr. Dyer makes a very good point in a note he just passed me. When I talk about a 29 per cent increase in institutional health spending over the last two years, if you will allow for the fact that between 30 and 33 per cent of all costs of all hospitals are for nonpatient care—that is administration and other services which are not directly to patient care—

**Mr. McClellan:** How much?

**Hon. Mr. Timbrell:** Between 30 and 33 per cent; about a third. It shocked me.

**Mr. McClellan:** That is high, is it not?

**Hon. Mr. Timbrell:** It shocked me. Yes. This is an area hospitals could direct a lot of attention to for further economies.

**Mr. McClellan:** Is that an average?

**Hon. Mr. Timbrell:** That is across the system.

**Mr. McClellan:** So presumably some are even higher than that.

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** What is the—

**Hon. Mr. Timbrell:** I had a hospital in yesterday, for instance—I do not mind telling you—a teaching hospital, which is a small one with 260 or 270 beds. It has a president and three vice-presidents. My first question was why do you need three \$60,000-a-year vice-presidents to operate a 260-bed hospital? It seems to me they have their priorities out of whack.

But if you accept that about one third is nonpatient care, 29 per cent equates to a 40 per cent increase if it was all applied to patient care over two years. That, in my mind, and I hope in yours, is not starving the system.

The purpose of the phase one and phase two

process this year was to start to turn the system around to the point where we were making them manage and plan at the local level. Then at the provincial level we could better manage and plan to identify the pressure points in their hospitals, bring them forward for our perusal—not to commit spending to them right away—and eventually fund the legitimate requests.

I would have to remind you we are told hospitalization in this country is about double what it is in the United States. We are hospitalizing, in my view and perhaps yours, far too many people who do not need to be in hospitals. That is still the case, whether it is for tests or surgery. Our surgical rates in Canada are 30 per cent higher than in the United States. The Americans are not dying any faster. They are not more debilitated.

This is an area we have been getting into more and more with the medical association; the whole question of utilization. If we are going to get a better handle on that, which I think we will, we have to have the co-operation of the medical profession. They are the ones who are admitting for surgery and ordering the tests, the x-rays and whatever.

I do not think it is one of these things where we can say we have worked out a set of guidelines and in the following circumstances you will take out the gall bladder and in the following ones you will not take out the gall bladder. That cannot be done. It has to be something that comes from within the profession so they change their private practice.

In terms of the long-range planning, we set out almost four years ago to change the mix of the beds within the system. That has been achieved to a large extent. We set out to promote, and where necessary force, changes in practices.

For instance, you mentioned one hospital that says they have 50 per cent of their surgery as day surgery. I say God bless them. I wish they were all like that. I know they cannot all be like that, particularly the teaching hospitals. They have a heavier care or a greater acuity of need among their patients.

You will recall one of the issues this year has been the Toronto East General Hospital. It is in my backyard. I did not know until the supervisor went in there that Toronto East General until recently did not have a day surgery program at all. It could have relieved and will relieve a lot of the pressure on their inpatient beds. That is the sort of thing we have been doing.

We have put a greater emphasis on community services, a greater emphasis on the public health programs, which we talked about last week. In 1982 more will be coming, aimed at a better balance of the system. The introduction of the placement co-ordination services in the province, the improvement on the emergency services in the province—these are all part and parcel of our long-range planning.

Maybe I will stop there. You have some others and I will only provoke other ideas.

**Mr. Van Horne:** I want to ask other questions, as do other members, so rather than debating what you have presented, I will accept it and move on.

Mr. Chairman, you are aware we had, in the beginning, asked a couple of questions that were going to be answered or addressed at some later point. Given this is the last opportunity, I would like to go back to one or two of those.

Mr. Minister, I raised the question in your office about two weeks ago regarding the OHIP cheques not being cleared. I am wondering if your staff is here to answer that. Whoever it is that is going to come up to the front, I would remind you and the members that the call from one of our constituents indicated his OHIP cheque which he mailed in October had not yet gone through his bank account. The date of the message to us was November 24.

When the constituent called to inquire, he was told by a member of the OHIP staff that they are so far behind, they are still clearing September cheques. His question put to us was: "This backlog must involve millions of dollars. Why would it take so long for a cheque to be cleared?"

**Hon. Mr. Timbrell:** Mr. LeNeveu, the assistant deputy minister for administration and health insurance, could come up and deal with these matters. And Mr. Buchanan?

4:40 p.m.

**Mr. LeNeveu:** I think the brief answer is that at any time there is a degree of backlog in the OHIP system. This is particularly in relation to claims that relate to pay patient rather than pay the doctor or paying for opted-out physicians.

A problem we did have over the last period of time was the mail strike. Mr. Buchanan will elaborate on how we have been gradually catching up with that situation. I think at this point we are feeling pretty comfortable that things are up to date, but it has been a very difficult exercise.

**Mr. Buchanan:** The main emphasis since the mail strike has been to get the mail that contains cheques, identified by return envelopes. This is caught up now. The only thing remaining is some correspondence still held that is in the process of being opened. It may have some cheques in it; it should not, but it may. There will be some cheques that have been held up for some considerable time now.

**Mr. Van Horne:** I am not sure, Mr. Chairman, if one of the two gentlemen up front is the one to whom we should address a question regarding the impact study agreed to by the government for the pharmacists and dispensing practices. Is that something I should address to you?

**Mr. LeNeveu:** Yes, I could probably add some light to that if you would like.

**Mr. Van Horne:** All right. If it is possible, in a few words could you tell us what the emphasis is on that impact study? Is it happening now and when will it be finished? Will the results of it be shared with the House?

**Mr. LeNeveu:** Yes, the study is pretty well complete. We received the consultant's report and since then we have had discussions with the OPA, the Ontario Pharmacists' Association.

It was an economic study only to judge the impact on the volume of claims. It was not to be a judgemental study as to whether a change in the system to dispense as written was or was not desirable.

In summary, the overriding conclusion was OHIP has been growing in terms of the volume of claims going through the system at something in the order of 10 per cent per year. If a change in policy were brought in, the number of claims would be moderated, but there would still be a net increase in the total number of claims processed by OHIP. In other words, the natural growth in the number of claims, instead of being 10 per cent a year, might be brought down closer to one or two per cent a year.

This was quite a significant factor and very difficult to come to any firm conclusions upon. But it is an item that was of very much concern to both sides so you could judge the consequences to the plan and of course, from the pharmacists' point of view, the consequences to the revenues that might be derived in the system and in negotiations on fees.

With that information we will be entering negotiations with pharmacies. We had our first negotiation as of a week ago and that will be of great assistance to us in dealing with this issue in the weeks ahead.

**Mr. Van Horne:** With the concern of a variety of people, the minister and the public accounts committee and doctors and patients, et cetera, on the 34-day supply situation, is that going to be altered or is that something being negotiated or renegotiated?

**Hon. Mr. Timbrell:** Yes.

**Mr. Van Horne:** It is being negotiated, and it will be altered?

**Hon. Mr. Timbrell:** My instructions to staff have been to the effect that having begun the negotiations for the next change in the schedule, our stance should be that this will be changed. I do not think there is any reason to delay it beyond the start of the next year.

**Mr. Van Horne:** And that is against the will of the Ontario Pharmacists' Association? I do not understand that it is their wish that it be changed.

**Hon. Mr. Timbrell:** I think it is fair to say they would rather not. They had argued rather strongly in the past that such a change would have a very significant impact on pharmacies, but the impact study does not show that, as you know.

**Mr. Van Horne:** I do not know that, because I have talked with some people—

**Hon. Mr. Timbrell:** Perhaps Mr. LeNeveu could give you some information on what the impact study did show. It will not take long.

**Mr. LeNeveu:** Basically it was along the lines I was trying to suggest; that it will reduce the growth in claims over the next several years, but it will not put the situation into a total negative decrease in claims flowing through pharmacy. Pharmacy had a concern that a change in policy would result in a significant decrease in the volume and therefore the issue became what would be an appropriate fee level.

When we discussed this a year ago, there was quite a range of opinion as to what might or might not happen. That is why we got the professional advice of Woods Gordon. We have narrowed that uncertainty, but it still an uncertainty because you are dealing with something in the future. A lot of the technical work done was based on the experience of BC, where they have a "dispense as written" policy. We did computer runs comparing the Ontario situation with BC to come to that conclusion.

**Mr. Van Horne:** I indicated to the minister at the beginning of the estimates that my father is a retired pharmacist. He keeps informed through colleagues who are still active and the impres-

sion that he has and that I have, both from him and from a variety of contacts, is that the pharmacists in Ontario are something less than happy with the negotiating process.

I do not want to elaborate on that in fairness to the committee and the time. I would simply point out that I received a number of calls by virtue of the connection that I have to the profession.

I have a degree of empathy that goes beyond the father-son relationship here. I have lived with it all my life and I understand some of the problems the pharmacist contends with. I think it is fair to say that prior to the election there was a feeling that some of them were being threatened by the ministry in a variety of ways. They hope that is over with the agreement to carry on with the impact study, and so on. But there was considerable hard feeling out there prior to February 1981.

**Hon. Mr. Timbrell:** You are aware, I am sure, that in the agreements that exist between the individual pharmacists and the ministry with respect to the drug benefit plan, the right to refuse to dispense as written is a discretionary one. A typical example would be a person who has been given a prescription for 100-day supply of digoxin for a heart condition being brought back every 30 days. It was originally envisaged that in extraordinary circumstances the pharmacist, because of knowledge that the individual is forgetful perhaps, would exercise that discretion on a selective basis. In fact it has become the rule. Close to 98 per cent of all the Ontario drug benefit prescriptions are now on a 30-day supply basis. That is certainly not what was intended when the plan began over seven years ago.

4:50 p.m.

Secondly, there is the rather equally firmly held view of the medical profession, as represented by the Ontario Medical Association. Their view is that the physician's judgement should prevail; that is, if the physician responsible for that patient who needs the digoxin says the patient is capable of exercising personal responsibility for it over 100 days, then that should prevail.

To the pharmacists who say to me from time to time that they would disagree with that view of the physician, I have said: "Do not fill the prescription; or, better still, call the physician and discuss it with him. If he is still of the view that his or her patient is responsible enough to take care of himself and to see he takes his



medication over X number of days, then you have to choose. You have to fill it or tell the patient, as a professional, that you will not fill it," in which case the patient will have to go to someone else.

It is not an easy issue because it is challenging the way the system developed over six or seven years. But I think everybody who has addressed himself to it, including the public accounts committee here, are of the view that it must change.

**Mr. Van Horne:** Because of what you have just referred to, the fall of 1980 apparently brought the threat of some legislation to fine pharmacists approximately \$2,000 in the event that they did not dispense according to directions. Is that true or not true; was there a threat of legislation?

**Hon. Mr. Timbrell:** We talked about legislation and I did say in my meetings I was prepared to legislate it, if necessary. I think I said that in the House a year and a half ago in answer to a section of a report from the public accounts committee. They recommended changing this policy and I said I agreed and would do what I could to give effect to that.

Let me say, though, that we are not at this point pursuing the legislation. We are going to negotiate.

**Mr. Van Horne:** I realize you are not pursuing it. The pharmacists complain on occasion that drug houses are allowed, without any justification, to knock their prices upwards by 100, 200 or 300 per cent. That happens with a degree of regularity which is of concern to them. That concern, I am sure, has been passed on to you.

Is there any attempt by your ministry to consult with drug houses to see if their pricing policies are fair?

**Hon. Mr. Timbrell:** I recall there have been several surveys in recent years of drug costs in Canada, and Ontario invariably comes out among the lowest, if not the lowest.

**Mr. Van Horne:** That apparently is not true within the last year.

**Mr. LeNeveu:** We do undertake a costing of the formula. You are probably familiar with it; it comes out semi-annually. Up until about a year ago there had been a trend where the price increase in drugs had been less, probably, than the consumer price index.

You are correct inasmuch as in the last 12 to 18 months there has been a pattern of escalation in drug prices that has been tracking CPI, and in some instances going beyond CPI. That is

related to a number of situations, of course. I think the prices of drugs in Ontario are going to be pretty well reflective of the North American scene. Prices are not set province by province; the manufacturers have probably a national and perhaps even an international pricing policy.

We do have concerns in relation to the point you are raising. I was discussing that matter with one of my staff this morning and I expect there will be discussions on that question in the very near future. The trend has just emerged in the last year, as you are suggesting.

**Mr. Van Horne:** I do not know what kind of authority or control you have over it. I suspect precious little, except to say to them, "This is having a bearing on the overall health system in our province."

**Mr. LeNeveu:** One of the things we are also seeing, and you are correct, is that the price increase is more likely to happen on a drug like Tagamet, where there is no competing brand. Competition obviously is the answer and there is a fair amount of competition in interchangeable drugs. But the price pressures are shifting in that particular area. We are hopeful that, as in the past, competition will keep the prices pretty well in line over time.

**Mr. Van Horne:** Thank you very much. There are two questions that I want to ask and then I will stop.

I am concerned about the comments we have seen in the press the last couple of days on the death at the private hospital. Would you care to elaborate on the comments, which were such as, "Inadequate operation of a Toronto private hospital had direct bearing on the choking death of retired truck driver." That was the comment made in the Sun on November 26 regarding the death of Gregory McCaughey at the Beverley Private Hospital. There are sundry other press clippings, but that should do.

**Hon. Mr. Timbrell:** You will understand that it is like a judicial proceeding. I cannot comment on the specific case.

**Mr. Van Horne:** Let us deal with private hospitals.

**Hon. Mr. Timbrell:** Let me say that, because of unrelated inquiries or complaints made to me in the late spring of this year, I directed staff to carry out further inspections which resulted in the engaging of two outside consultants to evaluate that hospital. As a result of that evaluation, they have recently been served with notice of revocation of their licence.

The complaints did not have to do with the

individual in question. They occurred before his demise. But because of those complaints and the follow-up we made to them, that hospital has been served with notice of revocation of its licence.

**Dr. Dyer:** That notification indicates that we are initiating the process. They have a certain period of time in which to signal their reaction to that revocation notice and whether they intend to appeal it to the appeal board. That process was initiated prior to our having knowledge of the death. It was done in view of the inspection and review of the operations.

**Mr. McClellan:** That raises the question of the protection of patients during this process. You obviously had serious concerns about this hospital to the extent that you initiated a revocation procedure. What happens in the meantime?

**Hon. Mr. Timbrell:** The notice they have been given has been to the effect that they are to stop admissions to the hospital.

**Mr. McClellan:** As of when?

**Hon. Mr. Timbrell:** As of the notice.

**Mr. McClellan:** They had received the notice?

**Hon. Mr. Timbrell:** They had received it. They asked for a postponement which was not granted. They had been told not to admit any more patients.

**Mr. Van Horne:** They are not admitting any more new patients now?

**Mr. McClellan:** Perhaps Dr. Dyer could deal with the time sequence because I understand that the complaints which initiated the revocation procedure are rather old. Am I wrong?

**Hon. Mr. Timbrell:** No, they were complaints that came to me in May. They came directly to me and I directed staff to investigate. As I recall, based on the initial investigation I asked further questions which resulted in the engaging of two outside consultants to evaluate the care at the hospital. On their advice we started this process to wind it up.

**Mr. Van Horne:** There is a supplementary question that could be asked in so far as the role of the Ministry is concerned with regard to this whole business of inspection; not just of facilities or hospitals, but what your role is regarding the Health Disciplines Act as it relates to surgeons in the pure evaluation.

**S.m.** I ask this question because my colleague, Jim Endley, has had correspondence from a doctor

in St. Catharines who is concerned about peer-review personnel instructed by the College of Physicians and Surgeons of Ontario to drop in and visit certain doctors without apparently any cause having to be shown.

Is that something you are aware of? Do you agree with that? Do you have any feelings about that?

**Hon. Mr. Timbrell:** The profession is a self-regulating profession. They are responsible at the college for the maintenance of professional standards. From time to time things will come to their attention, either as a result of review of OHIP claims or as a result of inquiries or complaints, that suggest perhaps one of the people should drop in to have a chat with the individual practitioner. If you want to know about that, you could ask either Dr. Dyer or Dr. Murray, who is here.

Dr. Murray, do you want to come up and maybe address yourself to that, if you would not mind?

**Dr. Murray:** As far as the College of Physicians and Surgeons of Ontario is concerned, as of about two years ago it instituted a pre-pilot project when they reviewed 20 physicians. This was thought to be necessary because there are physicians in Ontario who may not have a hospital affiliation where they have what you would call a "natural peer review" by their colleagues. There has been one ongoing in Quebec for the last three or four years.

They believed there were physicians within Ontario who may not be looked at as far as their billing procedures and what have you are concerned, which is one facet of their practice, but their competence and their ability to care for patients was never looked at. They are now in the second year and to my knowledge the original members of the pilot project have now had their names put in the hat, so to speak, and those who will have their practices examined have been chosen.

One of the past presidents of the College of Family Physicians of Canada was one of the first fellows to get his name pulled out of the hat and his practice is being looked at by his peers.

**Mr. Van Horne:** Excuse me for interrupting, you are saying that this is a voluntary thing? In other words, although you, Dr. Murray, feel you are quite happy to be reviewed by your peers so your name goes into the hat, Dr. Timbrell is not quite sure, being sort of a shady character, so he is not going to throw his name in the hat. Is that what you are suggesting?

**Dr. Murray:** No, the study so far is in—I would not say it is in the pre-pilot stage, it is now in the pilot stage. First of all, they have to develop criteria for judgement; they are in that stage at present and there are some 60 physicians who are involved as inspectors and inspectees. Neither the inspectors nor the inspectees, as it turned out to be, knew which practices would be examined.

**Mr. Van Horne:** I am with you now.

**Hon. Mr. Timbrell:** It sounds as though in this case it might be someone who is totally outside even of that program, someone who—

**Mr. Van Horne:** I am going to suggest to my colleague that he forward this to you and pursue it that way.

**Dr. Murray:** It might be a disciplinary matter and they will send inspectors in to look at his practice, yes.

**Mr. Chairman:** Mr. Gillies, you had a supplementary on this?

**Mr. Gillies:** Mr. Chairman, my question is supplementary inasmuch as it deals with the relationship between the College of Physicians and Surgeons of Ontario and the office of the minister.

You may recall, Mr. Minister, some correspondence from me regarding Dr. Veena Nikore of Brantford. The basic issue was as to whether or not the province would accept physicians who had received the Federation of State Licensing Boards examination, known as the Flex examination, in the United States, for their training, as opposed to the national board examinations.

I certainly am not qualified to judge the quality of the two sets of examinations and whether they should be accepted or not, but where we ran into a bit of a problem was that, at least in my interpretation of the correspondence on this matter, you were saying you did not particularly want to judge the merits of the sets of examinations but that this was within the purview of the College of Physicians and Surgeons of Ontario.

In correspondence between myself and Dr. Nikore and the college, the reply seemed to indicate that we did not really want to make the judgement at the college, that this would require a change in regulation. So we got into a bit of a loop there. Then, because of an interpretation the physician involved chose to put on the matter, she has referred it to the Ontario Human Rights Commission anyway.

But I just wondered if you might be able to shed some light for me on where the jurisdiction in this matter might lie?

**Hon. Mr. Timbrell:** As far as I am concerned it lies with the College of Physicians and Surgeons of Ontario. I do have the authority under the Health Disciplines Act to ask the college to make a regulation and, if they refuse after 30 days to take that regulation to the executive council, cabinet, and propose it to them. If they approve, it would be signed by the Lieutenant Governor and become law. I have only used that power once with one of the colleges. It was with the College of Pharmacists about four years ago with respect to the sale of vitamins, so it is one that I do not use lightly.

In my view, the question of competence, practice and evaluation of the equivalence of training and licence in other jurisdictions in Ontario is a matter which properly rests with the College of Physicians and Surgeons of Ontario. There is, of course, the right of appeal to the Health Disciplines Board in cases where registration is denied in any of the health disciplines. I cannot recall the correspondence but I would be surprised if we did not point that out as a route which this doctor could pursue.

**Mr. Gillies:** Have you had other problems referred to you in this particular vein?

**Hon. Mr. Timbrell:** Not many.

**Mr. Gillies:** Just for the edification of other members, the reason that this particular constituent thought it was a human rights problem and it may or may not be a legitimate interpretation, was because the Flex examination is, I believe, a one or two day sitting of intensive examination and is therefore usually taken by physicians who have entered the United States from other countries. They sit the exam in an intensive period and are either accepted or rejected in the various states to practise medicine.

The national board examination is a long-term set of exams that are taken, I believe, over a couple of hours a day over a couple of weeks and are therefore more usually taken by students who are within the medical school system in the United States. So what this particular doctor—

**Mr. Chairman:** Can I just ask, is that particular case before the human rights commission now?

**Mr. Gillies:** It is going before the human rights commission.

**Mr. Chairman:** It is a quasi-judicial body.



some extent and I just wondered whether you want to go into the details of this if it is going before the board.

**Mr. Gillies:** Yes, I think we have discussed human rights type cases in our committee before.

**Mr. Chairman:** I do not know, I just wondered whether—

**Mr. Gillies:** Anyway, just to wrap it up, the interpretation could be put that the province is accepting one set of examinations which would benefit people who were taking their medical training in the United States as opposed to some other countries, who are then being approved in the United States. So this is why, Mr. Minister, the feeling was that perhaps it was a human rights issue.

**Hon. Mr. Timbrell:** In my view, the responsibility first and foremost, rests with the college. For instance, this year they recommended that a number of medical schools, every medical school in the Caribbean, be delisted and I believe that regulation has gone through now. I understand they are evaluating a number of other medical schools around the world for delisting based on assessment of quality. Obviously, it is in the public's best interest that the college be working to maintain the highest possible standards.

**Mr. Gillies:** So the college looks at individual schools around the world and determines whether they are acceptable to the province or not?

10 p.m.

**Hon. Mr. Timbrell:** Yes. They do that in concert with the royal college and with—I am sorry, I cannot think of the name of the international body that evaluates medical schools. It is affiliated with the United Nations.

**Mr. Chairman:** There are about 50 minutes left and I just wondered, Mr. Van Horne, if you could bear in mind—

**Mr. Van Horne:** I will be as succinct as anyone could ever be.

**Mr. Chairman:**—there are three more people on this particular item.

**Mr. Van Horne:** I have a question to the minister on situations such as we find in Smiths Falls, Ontario, where recently an X-ray clinic has opened which appears to be in competition with the hospital and its opening is apparently costing the hospital some revenue.

The question is, how are these folks licensed? The setting up of an X-ray clinic done in consultation with the Ministry of Health?

**Hon. Mr. Timbrell:** Dr. Dyer might be able to help, but as I understand it, that particular facility, which has been set up by a Dr. Kerr in Smiths Falls, is ancillary to a group practice of family physicians. Physicians may legally set up an X-ray facility in their offices. This, of course, must be inspected and approved by our inspection service.

**Mr. Van Horne:** Does it not seem rather strange that you would have such a thing going on in a small community and taking away from the service that the hospital already provides?

**Hon. Mr. Timbrell:** No, not necessarily. Because if anything—and again, maybe Dr. Dyer can help me—first of all my recollection is that in the last year or so the hospital has been indicating growth problems in the utilization of its emergency department. So one could argue that this facility, which has been paid for entirely by the physicians, has not been a charge to the public purse anyway and is relieving some of that pressure, which would obviate the need to add staff and/or space, and/or more dollars, which is more likely, to the emergency department at the hospital.

Secondly, I am sure the board, administration and physicians at the hospital would make sure that any outpatients of the hospital would have their X-ray work done on site rather than away from the hospital. Do you want to add any more to that?

**Dr. Dyer:** There was a concern by the hospital that some of the outpatients were being directed across the street, so to speak, to the private clinic. We are currently investigating that. It is still a matter for the board to make a ruling if they wish to do so.

**Mr. Van Horne:** In this case the board being the—

**Dr. Dyer:** The hospital board. We have instructed the hospital board that if they believe that practice is going on to the detriment of the hospital, then they could instruct through their medical advisory committee that practice should not carry on.

**Hon. Mr. Timbrell:** In other words, all outpatient work is to be done on site and not referred out.

**Mr. Van Horne:** Not across the road.

**Hon. Mr. Timbrell:** That is right. Whether it is across the road or out in the county or wherever, any physician has the right, at this time, to establish an X-ray facility ancillary to his practice as long as it is inspected.

**Mr. Van Horne:** Mr. Chairman, the final point, and this may be out of order given the definition of the vote but I will ask it and if it is out of order, the minister or his staff might choose to answer it later.

We have had various references to prosthetic devices. We still hear of cases such as this one from Ottawa that "OHIP Refuses Leg For Amputee." I do not know when we can expect to get some definitive statement about prosthetic devices, but we all hope it will be soon.

Connected with that, there is the other problem—it is a very acute problem for a handful of unfortunate people in our province, the cleft lip and palate patients in Ontario. We know that OHIP pays for certain aspects of treatment here, but no financial assistance is available for the dental treatment. Unfortunately, a lot of the folks who write to us—I am not sure they write to you too—simply cannot afford the dental costs.

Is your ministry considering adding this into the package of things that will be paid through OHIP?

**Hon. Mr. Timbrell:** I met with a group representing the parents a number of months ago and I indicated I am personally very sympathetic to what they are proposing. There is really not much more I can add though, on the prosthetic and palate question, to what I said in the House the other day. There are any number of proposals we have made in various areas of the ministry for additions or improvements which have had to be put on hold.

There is a very real concern in the government at this time about the effect of the large-scale reductions which we are going to apparently experience in the next four or five years in the transfers from the federal government. Up to this point, with the revised figures that Mr. MacEachen released nine days ago, it looks as though that is going to cost us \$1.2 billion over the next five years. So, understandably, the financial people in the government are saying before we start committing to new programs, which may or may not—

**Mr. McClellan:** Is this revenue guarantees?

**Hon. Mr. Timbrell:** The reduction in the transfer payments to the province.

**Mr. McClellan:** What we have, so far, are revenue guarantees.

**Hon. Mr. Timbrell:** Yes. I can recall on budget night watching the budget with the Treasurer (Mr. F. S. Miller) and a few of the ministers when someone in the room said,

"Those figures sound funny." Within a very short time, we found out that, indeed, they were funny. They were out by \$652 million and Mr. MacEachen had to admit that at the start of the finance ministers' conference.

As I said, it made the financial people in the government say, "Before we start assuming any new commitments, we have to sort out, (a) are they going to cut back on the transfers to our government, and (b), if so, what adjustments do we make as a result?" I really cannot add any more to what I said in the House the other day.

**Mr. Van Horne:** No more questions, Mr. Chairman.

**Mr. Chairman:** Thank you, Mr. Van Horne.

We have three more people on this item—Mr. McClellan, followed by Mr. Kolyn and Mr. Ruprecht. Again, I just want to warn you we do not have an agreement to end these estimates by six o'clock and a number of you may want to speak or question the minister on the third vote on community health services programs. So try to be fair in the time—and there is the supplementary estimate as well.

**Mr. McClellan:** Obviously I am not going to be able to cover everything I had hoped to be able to cover on one of the principal things. I am obviously not going to have time for a lengthy discussion of health service organizations and some alternative ways of funding. I guess that will have to wait until a subsequent—

**Hon. Mr. Timbrell:** The staff is here though.

**Mr. McClellan:** I realize there are a number of other issues here I want to cover as well. We will just have to play it by ear. I will use the same format as Mr. Van Horne and try to run through a shopping list of issues, I suppose.

Firstly, I guess the minister met as well with the Catholic Women's League delegation. I think they were meeting with a committee of the cabinet. I may have my times wrong.

**Hon. Mr. Timbrell:** Which delegation?

**Mr. McClellan:** The Catholic Women's League.

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** Did they? There were just two items in their brief I thought ought to be raised, even briefly, in this set of estimates.

First, I thought their resolution dealing with palliative care in our hospitals was an important evolution. I do not know how many hospitals in Ontario now have palliative care units.

**Hon. Mr. Timbrell:** A number of hospitals have palliative care teams, or have rooms set aside for palliative care, maybe a semi-private

a private room. The Grace Hospital here in Toronto is the first large-scale palliative care unit in the province.

There is, I am told, quite a debate within the health professions—I have read some of it—as to whether palliative care units are the answer, or palliative care teams. Either way, the success or failure of a palliative program comes down to people. You can have a unit set up, but if it is poorly organized, staffed or motivated, then it is going to be a failure.

I cannot recall what the—

9:00 p.m.

**Mr. McClellan:** I think the point they were making was the need to have some kind of social initiative to encourage the development of units or teams in palliative care in as many of our hospitals as possible. What I think they were suggesting was in order to accomplish that, a social initiative be undertaken that would provide funding, even on a pro tem basis, apart from the global budgets so there would be a financial incentive to at least establish these programs.

**Hon. Mr. Timbrell:** The intention of approving the Grace unit was that it be a pilot project. Indeed, our instructions from the Management Board at the time were that we were not to approve any new palliative care units. In that light, though, a number of hospitals have gone ahead and designated palliative care teams. Palliative care is being carried out.

We were not to approve any more palliative care units until we had done an evaluation of the Grace as a pilot project and reported back to the Management Board and to cabinet. That evaluation is under way and early in the new year we should be in a position to go back to the Management Board and say here is what we have learned. The pros and the cons of a palliative care unit versus palliative care teams would be evaluated and then we can indicate to the hospitals what the policy will be.

**Mr. McClellan:** Perhaps you could share the results of that evaluation with members of the committee and the opposition critics and also simply keep us informed of what is happening with respect to that particular service.

**Hon. Mr. Timbrell:** Yes. You may remember there have been several television specials—60 Minutes did a segment on palliative care about two years ago and another American program—it may have been Twenty-Twenty—also featured palliative care. One in particular I can remember on 60 Minutes zeroed in on the argument

that the palliative care teams with specially trained nurses, social workers, chaplains and so forth, were just as successful or more so than palliative care units. They had the flexibility to move around wherever they were needed.

**Mr. McClellan:** Sure. I said units, but that was simply a word. Without entering into that argument, that is, in a sense, a—

**Hon. Mr. Timbrell:** If you accept that, then the short answer is even though we have been ordered to put a hold on any new palliative care units, palliative care is expanding all the time in the hospital sector.

**Mr. McClellan:** If you could keep us informed of progress, that would be helpful.

The second area they raised with us was the question of women's crisis centres. The minister may think it is odd for me to be raising the issue of women's crisis centres with this ministry and under this vote, as opposed to Community and Social Services, or the ministry of the Provincial Secretary for Justice (Mr. Walker), who at present has the lead in this area, I gather. Nevertheless, it occurs to me your homes for special care legislation probably has as much relevance to the issue of women's crisis centres or transition facilities for women as any other program that exists across the government's ministries.

I simply raise that for your consideration. You have a statute in place that permits the provision of residential accommodation with a limited degree of support service with the per diem established. I gather that the per diems are in the range people are talking about when they are talking about transition facilities and crisis centres.

You may have to, again, use a little bit of flexibility with it. All I am suggesting is not that you respond at this time, but that you accept it as a suggestion for exploration. We really have a problem in the sense there is not a stable funding mechanism for transition facilities or crisis centres.

**Hon. Mr. Timbrell:** But those which exist now, are they not being funded through the domiciliary hospital program of ComSoc—Nellie's, for instance?

**Mr. McClellan:** I understand some are and some are not and there is a considerable degree of serendipity in how an individual project is funded. There is one going into my riding as a housing co-op, for example.

**Hon. Mr. Timbrell:** Without it being funded through Housing, I take it.



**Mr. McClellan:** Yes, through Canada Mortgage and Housing Corporation and the Minister of Municipal Affairs and Housing (Mr. Bennett). So I think there are a number of disparate funding mechanisms. Again, I think there is a need for a single, stable funding mechanism. I am just making this as a suggestion.

Perhaps you could bring this to the policy field; or, if there is not some kind of an interministry team looking at this issue, perhaps there should be, and some co-ordinated attempt to come up with a solution.

**Hon. Mr. Timbrell:** I will take your suggestion under advisement. The homes for special care program to date has been aimed at the discharged psychiatric patient or the MR patient.

**Mr. McClellan:** I understand.

**Hon. Mr. Timbrell:** That is a dimension I had not thought of. Perhaps it is something we should look at.

**Mr. McClellan:** A third matter I wanted to raise—totally disconnected—has to do with an aspect of nursing home policy. If a person is in a nursing home, and I assume is on extended care with respect to the government's share, what happens if they are required to go to hospital?

My understanding is that, in some nursing homes at any rate, if three days expire the patient is required to pay the per diem out of his or her own pocket. If they do not pay it, they lose the space. Is that a correct understanding of the situation?

**Hon. Mr. Timbrell:** The present policy is that a 72-hour absence is permitted and the government would continue to pay its \$21 roughly a day.

What we have under consideration is a proposal from the nursing home association that we institute a two-week vacation leave. The two-week period could be used for vacation or it could be balanced off against a longer than a three-day hospitalization. If it were used for vacations for nursing home residents, you could take into the home for a few weeks at a time people who are living with their families whose members would themselves want to get away. So you could keep the beds occupied and fully utilized.

**Mr. McClellan:** I am dealing with a case that came from Donald MacDonald's constituency office. I gather what is happening is that a number of people are having to go into hospitals from a nursing home on extended care. If they stay over three days and cannot afford to make the payments themselves, they lose the space. In that case you are then paying for either an

acute-care bed or a chronic-care bed at substantially more than you are going to be paying for an extended-care bed. Is that correct?

**Hon. Mr. Timbrell:** We pay for both, of course.

**Mr. McClellan:** Well, you would be paying the difference.

**Hon. Mr. Timbrell:** As I say, we are looking at a proposal to extend it to a two-week period.

**Mr. McClellan:** Where did you get two weeks?

**Hon. Mr. Timbrell:** That was a proposal that came from the nursing home association.

**Mr. McClellan:** Would that cover the majority of situations?

**Hon. Mr. Timbrell:** The argument is that it would.

**Mr. McClellan:** Do you have any evidence of your own that it would?

**Hon. Mr. Timbrell:** I cannot recall figures. Dr. Dyer reminds me we have the two-week vacation thing in place now. What they are arguing is they want to see it used for extended hospitalization. There would have to come a point, even if we end up doing it, where we would have to say, "Obviously this person is going to be away for quite a long while." We would assume that it is sort of an uncertain return date and allow the bed to be freed up by someone like Mr. McKessock's constituent.

**Mr. McClellan:** Sure, but I assume this is becoming an increasingly common situation as the nursing home population gets older and older and more and more are on extended care.

5:30 p.m.

**Hon. Mr. Timbrell:** The average resident is older and more feeble, if you will.

**Mr. McClellan:** And more likely to have spells of hospitalization.

**Hon. Mr. Timbrell:** And is more likely from time to time to require hospitalization for some period of time for whatever reason.

**Mr. McClellan:** You have not adopted this as a policy yet?

**Hon. Mr. Timbrell:** We have been discussing it with them over the last couple of months. We are meeting with them again in January, I think. I imagine it will be resolved by then.

**Mr. McClellan:** Hopefully.

**Mr. Dean:** I have a supplementary, if you

don't mind. I did not quite hear what the minister said is in place now about two-week vacations.

**Hon. Mr. Timbrell:** You can take a two-week vacation now.

**Mr. Dean:** And not lose your status?

**Hon. Mr. Timbrell:** Right. In which case the time can make arrangements to take someone in for two weeks. You might be looking after an aunt at home who would qualify for use of that bed when you want to get away for two weeks. So they link up the patient in the home with your plans and move your aunt in while the other patient is out.

**Mr. McKessock:** I appreciate the fact that you leave room for a patient like mine, but there is a problem there. If you go into the hospital you would want to be sure to tell your doctor, "I have to be back there in two weeks, or I am in trouble." You could end up like my constituent.

**Hon. Mr. Timbrell:** There has to be a reasonable cutoff point. Otherwise you could conceivably have a bed sitting empty for six months if complications were to develop, say.

**Mr. McKessock:** Yes, that is true, but that patient could have a real problem on being discharged from the hospital, just as in the case I brought to your attention.

**Hon. Mr. Timbrell:** Or the treatment may be such that they do not need the nursing home anymore. They could go home.

**Mr. Chairman:** Let us get back to Mr. McClellan.

**Mr. McClellan:** I have two more items I would like to have discussed.

**Hon. Mr. Timbrell:** Admission to a nursing home is not of necessity terminal.

**Mr. McClellan:** I would hope not. I want to go back to the \$100 million hospital deficit. I was intrigued yesterday that I was not able to get an answer from you, when I raised it in the Legislature, as to a breakdown of this \$100 million. It sounded as though you were saying yesterday that you did not know, on a hospital-by-hospital basis, what the \$100 million deficit was. Is that a correct understanding?

**Hon. Mr. Timbrell:** First of all the \$100 million is not our figure. It is a figure that has been arrived at by the staff of the Ontario Hospital Association. I have not seen any analysis or indication by them of how they arrived at that figure.

**Mr. McClellan:** You mean they have never submitted an inventory or an itemized set of documents to you?

**Hon. Mr. Timbrell:** Not to my knowledge. Staff can correct me if I am wrong. We have submissions from the hospitals for the phase two budgets that relate to new programs or embellishments of existing programs. Those do not come anywhere near \$100 million.

**Mr. McClellan:** They don't? You will recall I put a question on the Order Paper last spring, which I guess was premature in so far as the budget process goes. I was trying to get precisely this information.

**Hon. Mr. Timbrell:** If a hospital says "We want to add X, Y or Z new program" or, "We would like to add A, B or C additional staff," and they call that a deficit, in my view that is an improper use of the term. A deficit would surely only be uncontrollable overexpenditures on approved programs. To apply that to a proposed expenditure on an unapproved program is not, in my view, a correct use of the term.

**Mr. McClellan:** I understand your argument. I am just trying to understand this. Are you saying that if you take both the phase one and the phase two budgets which have been submitted to you to date, they do not add up to \$100 million in deficit figures? Is that what you are saying?

**Hon. Mr. Timbrell:** No, they do not. I also think that in some cases hospitals are rolling figures from previous fiscal years into projections of deficits. Some hospitals, even when they were granted additional funds in previous fiscal years on appeal, and were told at the time of being granted the funds, "Do not deficit finance any further," still ended the year in the red, in many cases unjustifiably.

They can keep rolling these deficits over all they want, but they are not going to be paid. They will have to assume responsibility for deficits in those circumstances.

**Mr. McClellan:** You have been attending—some of us don't get invited—the Ontario Hospital Association meetings in the last couple of days?

**Hon. Mr. Timbrell:** No, I have not been down yet. I am speaking in the morning.

**Mr. McClellan:** You are going tomorrow, and the Premier was there yesterday.

**Hon. Mr. Timbrell:** Yes.

**Mr. McClellan:** Do you mean to tell me that,

so far, the officers of the Ontario Hospital Association have not sat down with you and discussed their \$100 million deficit?

**Hon. Mr. Timbrell:** We discuss financing all the time, at either our liaison meetings which are attended by my senior staff and myself—

**Mr. McClellan:** You do not know where this deficit is located in the system?

**Hon. Mr. Timbrell:** I am telling you that the \$100 million figure is theirs.

**Mr. McClellan:** But you do not know where it is in the system?

**Hon. Mr. Timbrell:** They have not broken it down. I don't know what it consists of.

**Mr. McClellan:** Aren't you curious? Isn't your curiosity tweaked by the press reports that the hospital system is running a \$100 million deficit? Is it just because we have passed the election that it is no longer as urgent as it was when it was a \$71 million deficit prior to the election?

**Hon. Mr. Timbrell:** I am always curious, but I keep reminding them, as I try to remind you, that even before we start to spend money on phase two budgets, which we are going to do, we have already in the last two fiscal years increased funding to the hospitals by \$651 million. The overall increases to hospitals in spending on hospitals already amount to 17.1 per cent in this fiscal year. They can claim what they want; the system is not being starved.

**Mr. McClellan:** I am just curious to know where these deficits are located. In the past when we have had information in front of this committee with respect to hospital deficits, the ministry's initial response has basically been, as it is now, that it is impossible that the hospitals are being starved. But on every previous occasion you have immediately moved to make a significant adjustment.

I am in no position to judge because I do not have any information of any kind whatsoever. I do not have your phase one or phase two budgets and I do not have the slightest idea what the Ontario Hospital Association was referring to in its budget information. I just hope you will take the time again to satisfy whatever curiosity you might have on this and in some way report back to this committee or to the Legislature once you have had an opportunity to determine where the budgetary deficits are located.

**Hon. Mr. Timbrell:** I think what we might do that would be helpful to you would be to take the final approved budgets of the hospitals—we have those in public accounts for the last couple

of years—and once they are settled, give you the final approved net ministry liabilities of the hospitals for this fiscal period.

**Mr. McClellan:** I would appreciate that.

**Hon. Mr. Timbrell:** You could trace the growth in spending by us. That is going to take a little time; it is not going to happen in the next week or 10 days.

**Mr. McClellan:** I realize that.

**Hon. Mr. Timbrell:** I think we can do that once we have the final approved deficit liability by hospitals. We will give you the figures that are already part of the public record for the last fiscal year and you can trace it through.

**Mr. McClellan:** That would be helpful. I would appreciate that. Secondly, if the minister can report back through whatever medium is convenient to him, once he has had a chance to determine what the \$100 million deficit consists of, I think that would be helpful too.

**Hon. Mr. Timbrell:** I think it consists in part in some cases—

**Mr. McClellan:** There is no point in guessing.

**Hon. Mr. Timbrell:** From the discussions we have had, not only with the officers of the OHA but with many hospitals over the course of the last year, I know in some cases they are claiming as a deficit this year amounts of money which they ran up as deficits in previous fiscal year which they were told not to do, even after having been granted additional sums of money for growth and utilization, for instance. These deficits, with the exception of two or three areas I will be talking about tomorrow at the Ontario Hospital Association, are simply not going to be covered and they are going to have to use the considerable private resources to deal with.

5:40 p.m.

I know in some cases what they are calling deficit is in fact a projection, what they have projected they require in their phase two submissions. That is being labelled as a deficit even though in many cases they have not even been given approval or begun to operate such programs or additions to programs. In other cases it relates to instances where, without approval—in most cases without even consultation—hospitals have added staff or programs for which they are now, after the fact, saying, "Give us the money."

The system cannot operate that way. I point out to you that the average cost per person added to the hospital system is about \$25,000. The average cost to keep open one acute care



ed this year is \$50,000. In other words, we are dealing with a very expensive system and there must be accountability at the local level, there must be the responsibility to stay within approved budgets. Otherwise, the system really will get out of control.

**Mr. Chairman:** Could you wrap it up, Mr. McClellan? We have three more people on the list.

**Mr. McClellan:** I understand. There are two opposition parties and I sat here quite patiently from a quarter to four until a quarter after five and I would think I have another five minutes. Perhaps the minister could simply provide the figures for me. I have the bed population ratios for acute care beds and for chronic care beds for 1978 and for 1979, but I do not have them for 1980 and 1981.

**Hon. Mr. Timbrell:** Which ones?

**Mr. McClellan:** The bed population ratios, 5 acute care beds per 100,000 population.

**Hon. Mr. Timbrell:** You mean the actuals as opposed to the guideline?

**Mr. McClellan:** No, I am not talking about the guidelines, I am talking about the actual figures. I would appreciate having the total number of beds, the active treatment beds and the chronic care beds, for 1980 and 1981.

**Hon. Mr. Timbrell:** I will have to get you that, because the total figure for the province is in excess of the guideline.

**Mr. McClellan:** I just want to see that and I think it would be interesting to look at that over a period of time. I have the back figures but I do not have the current figures.

**Hon. Mr. Timbrell:** All right.

**Mr. McClellan:** The other thing, just by way of a final comment, is the matter of the impact of the federal budget cuts.

The only thing that continues to distress me is that all of the conversation I have heard with respect to the impact of the elimination of the revenue guarantees is on the health budget. Maybe I have some kind of hearing problem but I do not hear discussion of the distribution of the impact across the board. I hear a discussion of the impact in terms of cutbacks in health, postponement of prosthetics under OHIP, the postponement of user fees, the denial of the postponement of user fees for the present, et cetera. I just want to say that the government cannot have it both ways; that in 1979 the Treasurer was in front of this committee arguing that under no circumstances could it be charged that

Ontario was diverting federal funds because the revenue guarantees, the two points on the income tax, were not earmarked for health or post secondary education.

Quite frankly, I basically accepted his argument. He cannot come back now in 1981 and say that because the federal government has eliminated the revenue guarantees, the burden of that elimination is going to fall on health and post secondary education, unless he wants to be labelled in fairly pejorative terms.

I just want to make the point that the government has already argued, and I think argued with some plausibility, that the revenue guarantees were not earmarked for health or post secondary education. If that was true in 1971, it is true in 1981, and I wish people would start looking at the impact in areas other than health care.

**Hon. Mr. Timbrell:** I recall the Treasurer's submission very well too and I guess that was at the time when the Hall commission had just got under way. You will recall that when all was said and done and the dust had settled down, Hall found, as did the parliamentary task force, that the claims by the former and present Minister of Health, being the same person, that the provinces were diverting funds were unfounded.

That is worth putting back on the record. I do not believe that in his responses to date to the federal budget the Treasurer has necessarily singled out health and post secondary education.

**Mr. McClellan:** You have yourself in your Ottawa speech and he has in all of his responses—

**Hon. Mr. Timbrell:** Yes, because however you argue the makeup of established program funding and the dedication of funds from tax points and revenue guarantees and cash transfers and so forth, the fact remains that Dr. Stephenson and myself spend about 50 per cent of the budget. If over five years you take \$1.2 billion out of the income of the government, it is reasonable to expect that we, along with the other ministers, will have to shoulder some of the burden. That is just reality.

I have heard it elsewhere that the three social development ministers, Mr. Drea, Dr. Stephenson and myself, account for almost two thirds of the budget. It is just impossible to conceive that in such a large reduction in the income of the government, we would not have to share some of the burden.

I can agree and you can expect that I will fight like hell to make sure we are not singled out,

that we are not the only ones; if these reductions by the federal government come to pass, we will all have to take our share.

**Mr. McClellan:** They will come to pass, I do not think there is any doubt about that, with respect to revenue guarantees—

**Hon. Mr. Timbrell:** As you know, the Treasurer has expressed some optimism that perhaps we are making some headway. I do not know.

**Mr. McClellan:** Let me just conclude on this note. I reject categorically the Treasurer's set of options with respect to how to deal with this. He has said a dozen times if he has said it once that there are three options in front of Ontario: to raise taxes, to impose user fees or to cut services. With respect, Mr. Chairman, I think that is a totally unacceptable set of options.

The only option and the only honest option for a government is to raise taxes to replace the lost revenue in order to preserve services, not to impose deterrent fees and not to cut services. I think that should be on the record. I think it would be nice if each of the parties would address themselves to that on a consensus basis in order that we could arrive at that level of commitment, particularly with respect to the provision of human services, and not continually harp on the thoroughly despicable options of either cutting essential human services or imposing the kinds of user charges that have been bruited about.

**Hon. Mr. Timbrell:** I have repeatedly said that as Minister of Health, whatever Ottawa ends up doing, for my part you may take as a given fact that I will do what I can to ensure we maintain the services we have. Where it is most likely to have an impact on my ministry and on others will be in the introduction and/or creation of new programs or benefits in the future. But it is not part of my agenda to start to dismantle the health services we have developed to date.

**Mr. Kolyn:** Mr. Chairman, my question has already been asked by Mr. Van Horne and answered by the minister, so I will pass on to my colleague, Mr. Ruprecht.

**Mr. Chairman:** Mr. Ruprecht, will you repeat the same thing and pass it on to Mr. Conway?  
5:50 p.m.

**Mr. Ruprecht:** Oh, does he have a question?

**Mr. Chairman:** Yes, he does and I am sure he is quite eager.

**Mr. Ruprecht:** I have two questions. Mr. Minister, I understand there are psychiatric

patients who have been finding homes and care outside of Toronto on farms and homes. You do not know about that?

**Hon. Mr. Timbrell:** Are you talking about discharged patients?

**Mr. Ruprecht:** No, I am talking about those who need special care and continue to use special care.

**Hon. Mr. Timbrell:** There are homes for special care in the region of York as an example yes, and some people have been given the opportunity to go to them and have apparently accepted. Yes, that has happened.

**Mr. Ruprecht:** These are individuals who were supposed to get care and some supervision in homes and farms.

**Hon. Mr. Timbrell:** I do not know what you are talking about. We do not have a farm program. It may be some homes on farms are homes for special care where they may be taking two or three people, if that is what you are referring to.

**Mr. Ruprecht:** Could you tell me how wide spread this practice is and what numbers we are talking about? How many of those people do we have in individual homes as part of the family care in that kind of environment?

**Hon. Mr. Timbrell:** I can get you the numbers broken down between those who are in nursing homes and those who are in individual homes. I do not know them off the top of my head.

**Mr. Ruprecht:** Would anyone know what the rough numbers are? Can you get me that information?

**Hon. Mr. Timbrell:** Yes, the people who would know were here for the discussion of the psychiatric vote yesterday.

**Mr. Ruprecht:** Could you also provide me with the guidelines of that program? Is that possible?

**Hon. Mr. Timbrell:** Yes.

**Mr. Ruprecht:** The last question in that area would be about access to these records. Would we have access to these records?

**Hon. Mr. Timbrell:** What records?

**Mr. Ruprecht:** Where these people are. Where have established, let us say, that there are 500 of these cases. Would you be able to provide me a list of where they are?

**Hon. Mr. Timbrell:** You mean where the people are?

**Mr. Ruprecht:** Yes.

**Hon. Mr. Timbrell:** No. I am not legally allowed to do that. They are entitled to the confidentiality of their records being maintained.

**Mr. Ruprecht:** The other question I have, Mr. Minister, is about the adult community mental health programs which you supplied me with from last year. I notice on page 49 that for St. Joseph's Health Centre the area to be covered includes the whole south Etobicoke area. I am just wondering whether you would be considering—

**Hon. Mr. Timbrell:** That is the Lakeshore area.

**Mr. Ruprecht:** Yes. Consider, for instance, that there is the Parkdale Activity and Recreation Centre nearby. There is the Archway Community Health Centre nearby. There is the Queen Street Mental Health Centre nearby and a few others in fact.

**Hon. Mr. Timbrell:** There are four or five outpatient programs still on the Lakeshore site.

**Mr. Ruprecht:** Would you consider—

**Mr. Chairman:** Can you address your questioning to the particular item? I guess you are going back to psychiatric services?

**Mr. Ruprecht:** Yes, I have to do that because—

**Mr. Chairman:** Why do you have to do it? I mean we may have some questions and there is about seven minutes left. We could give the opportunity to someone else to question on the item under discussion. We discussed this and I think a lot of these things were done under that particular item 2.

**Hon. Mr. Timbrell:** Maybe I can answer very quickly. If not, I will say so and maybe we can come back to it.

**Mr. Ruprecht:** Would you consider, to expand these kinds of aftercare and life skills, those kinds of programs we have talked of before, in other areas so as to start to deconcentrate?

**Hon. Mr. Timbrell:** That is our stated intention and the bulk of the programs in the last year (two in Metro have resulted in a dispersal around Metro and less of a concentration that existed before downtown, specifically in the west end.

**Mr. Conway:** Thank you very much, Mr. Chairman. Just a couple of points. I found very interesting the latter part of the exchange between the minister and the member for Hillwoods (Mr. McClellan) about what the good people of the OHA might expect tomorrow morning.

My advice will be to have a very light breakfast, because reading between the lines, it certainly seems to me that following upon the Johnny Carson act of the Premier yesterday they are going to get a good caseload right between the eyeballs tomorrow.

**Hon. Mr. Timbrell:** Why don't you spend some money and find out and come to breakfast?

**Mr. Conway:** I will look very intently upon the reports following the OHA breakfast. Harold Livergant may be the only man smiling in Ontario this time tomorrow.

I am here really to express a local concern, one that I am sure has been brought to your attention by my colleague, the member for Renfrew South (Mr. Yakabuski). I have done so through a number of letters, some of which I presume are being passed to you now by our good friend, George.

In my most recent communication I wanted to share with you some of the local editorial concern. It has to do with the problem that my friend from Grey (Mr. McKessock) and the member for Mississauga South (Mr. Kennedy) yesterday spoke of—and I am sure in my absence so have many other members. That is the very difficult, worrisome and, in some ways and in some places, the deepening critical situation faced with respect to people in the county of Renfrew trying to provide for the elderly who need institutional care.

I might add the absence of an announcement from you about a chronic home care program at this late date distresses me somewhat. This is in the light of the fact that a year or more ago I was told we were a priority part of the province. Given our situation we could expect, all things considered, to be earlier rather than later.

I read with great interest your letter to me dated November 19, that: "A chronic home care program for Renfrew county will be announced as soon as funds are available."

"Kindest regards,  
"Dear Dennis."

**Hon. Mr. Timbrell:** I never sign letters, "Dear Dennis."

**Mr. Conway:** That is rather different from what I had been told by you, sir, about 14 months ago. I just want to say I regret that has worsened an already bad situation. I hope you are going to be able to come forward with funds for that program very soon. I believe if we put that in place we can have a better look at some of the institutional pressures which are building.



I was interested to hear your colleague, the Minister of Community and Social Services (Mr. Drea), in this room about three weeks ago indicate new initiatives will be taken with respect to broadening the homemaking services available. I am told by the people in my county who would be front and centre in the provision of those services that, "That is just not going to apply to us until we get other things in place." One of those other things will be the chronic home care program.

I really do hope we can count on you to move funds forward at an early opportunity to put that program in place.

**Hon. Mr. Timbrell:** May I just respond to that? The chronic home care program, as you know, has been phased in across the province for two reasons. The first is that even if funds had been available to do it all at once, there simply was not the various staff available to gear up. We are talking about a fair number of additional staff and quite an additional caseload. Second, there is the point I made that funds were not available to do it all at once.

What we have stated is, and this has not changed and it is still our intention by the end of 1982, we will have introduced the program for every part of the province.

**Mr. Conway:** I appreciate that. I just come to underline once again on behalf of the people I represent and the service providers, the great concern about the lack of that program and the urgent need for its announcement.

**Hon. Mr. Timbrell:** Before you go on, may I also add that the record should show there have been three new long-term care facilities in the county of Renfrew in recent months: the new Marionville in Pembroke, the new Youville Manor in Pembroke and the new nursing home in Arnprior.

**Mr. Conway:** That just leads me nicely to my second point. Yes, you are right in the first instance in that a \$1 million capital grant was made available by the government of Ontario. It was much appreciated by the people in our area that a new Marionville and a new Youville were put in the city of Pembroke. But the net effect of those new bricks and mortar is not one single new bed in the county where the need mounts daily.

**Hon. Mr. Timbrell:** No, no, hold on.

**Mr. Conway:** Yes, in terms of Arnprior, 60 new beds; that is correct.

**Hon. Mr. Timbrell:** Sixty new beds at Arnprior.

**Mr. Conway:** But I am talking about my electoral district, which is a long way away.

**Hon. Mr. Timbrell:** I am talking about Renfrew county. I happen to look at the broader picture.

**Mr. Conway:** The person who lives in Deux-Rivieres is 100-odd miles from that facility in Arnprior.

Finally, I just want to say we have faced this problem that I have talked to you about—

**Mr. Chairman:** Mr. Conway, you have made your point quite clearly. Let us be reasonable. We have a number of votes and items to go through. Let us proceed with that.

6 p.m.

**Mr. Conway:** I just wanted to conclude my remarks.

**Mr. Chairman:** I think you have concluded them.

**Mr. Conway:** I do not think I have pressed unnecessarily on your time. I just want to conclude by saying, Mr. Minister, one of the things that must end is this business that "we cannot provide additional services to your county unless we have a need study."

When we make the submission for a need study, we are told, "There is no money available." I encourage you to move forward with that in-house study. If you do not do something soon there is going to be an embarrassing situation created both in my part of the county and in Mr. Yakabuski's that will not do any of us much justice.

**Mr. Chairman:** Thank you, Mr. Conway.

**Mr. McKessock:** Like we have in Meaford.

**Hon. Mr. Timbrell:** If people are discharged and do not leave, that is their problem.

**Mr. Chairman:** Going back to item 4, institutional health care. Shall item 4 carry?

Item 4 agreed to.

Items 5 and 6 agreed to.

Interjection.

**Mr. Chairman:** Order, Mr. Minister.

**Hon. Mr. Timbrell:** You are the first one who has got away with that in a long time.

Vote 3202 agreed to.

Votes 3203 and 3204 agreed to.

**Mr. Chairman:** We have supplementary estimates in the sum of \$121,112,600, which is to be added to item 4 of vote 3202. Shall the supplementary estimates carry?

Agreed to.

**Mr. Chairman:** This concludes the estimates of the Ministry of Health.

I would like to remind the members of this committee that tomorrow we are dealing with three private bills at two o'clock followed by labour estimates at three. Because there are

witnesses from out of town, would you make an extra effort to be here exactly at two o'clock?

Thank you, Mr. Minister and your staff, for your patience.

The committee adjourned at 6:02 p.m.

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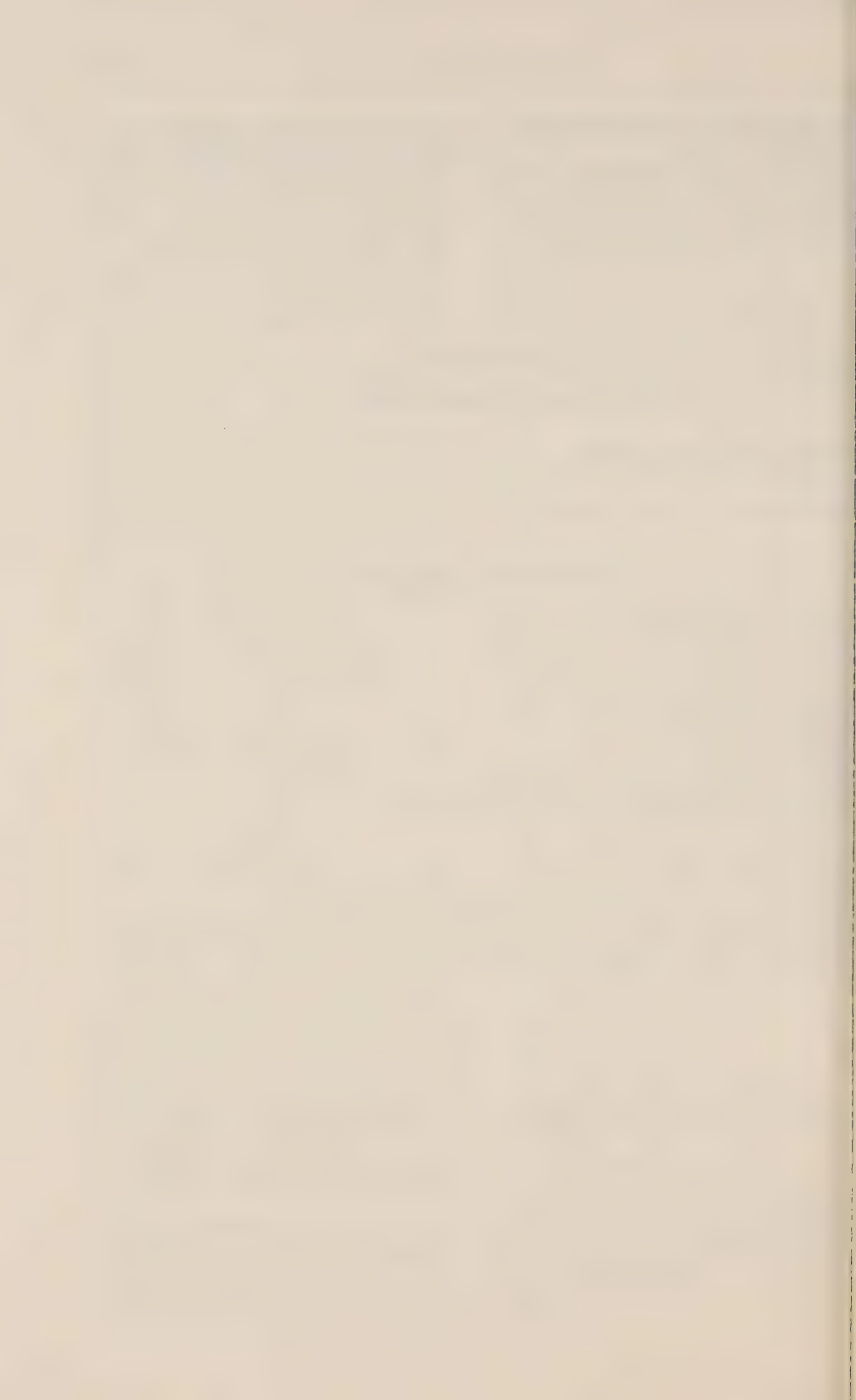
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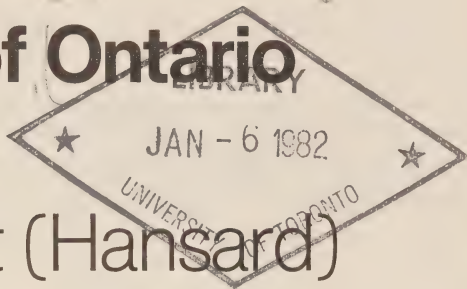




No. S-31

*2/ Legislative assembly*

# Legislature of Ontario Debates



## Official Report (Hansard)

**Standing Committee on Social Development**

Estimates, Ministry of Labour

**First Session, Thirty-Second Parliament**

Wednesday, December 2, 1981

Speaker: Honourable John M. Turner

Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Wednesday, December 2, 1981**

The committee met at 2:15 p.m. in room No. 151.

After other business:

### ESTIMATES, MINISTRY OF LABOUR

**Mr. Chairman:** I call the committee to order. I see a quorum. Today we are proceeding with the Labour estimates. Welcome, Mr. Minister and staff. We have allocated 20 hours to deal with your ministry's estimates, Mr. Minister, and we might as well begin with your introductory remarks.

**Hon. Mr. Elgie:** Thank you, Mr. Chairman. Ladies and gentlemen, I am pleased to be with you this afternoon to begin the debate on the Ministry of Labour's 1981-82 estimates. I am joined by some senior officials of the ministry. May I take the opportunity to introduce to those of you who do not know them the Deputy Minister of Labour, Tim Armstrong, and the assistant deputy ministers, Vic Pathe, Dr. Ann Robinson and Nick Ignatieff. Rita Burak, whom many of you will know from her role in the women's crown employee office, is now the executive director of administration in the ministry. Stand up and take a bow, Rita.

**Mr. Sweeney:** The title sounds good anyway.

**Hon. Mr. Elgie:** It is something she deserves very much.

I should like to begin with some remarks about the prevailing economic realities, some of which are not encouraging. However, I think it is important to understand and face the facts. They have determined and will continue to influence the thrust and direction of government policies and programs in relation to labour matters.

The state of the economy has an impact on virtually all the ministry's programs. Strains are inevitably being felt in the area of collective bargaining, making the task of mediators and conciliators even more difficult and complex. Those programs aimed at promoting equality of opportunity of employment for special groups must attempt to pursue their mandates in the face of rising unemployment and reduced business activity. Those programs responsible for

enforcement of statutory rights and obligations, for example, the labour relations board, the employment standards branch, the human rights commission and the occupational health and safety line branches, all face an increasing and often contentious set of complaints and problems.

The situation we face in Ontario is not unique. High inflation, declining real growth rates, continuing high unemployment, all these conditions in varying degrees have characterized most industrialized communities since the mid 1970s. In passing, I note Ontario continues to grow despite these problems. Looking at job creation alone, total employment in Ontario increased by 106,000 from January to October of this year and by almost 114,000 from October 1980 to October 1981. Between 1975 and 1980 Ontario created 490,000 new jobs, almost half of these in the period 1979 and 1980.

However, as I have said, the trends in inflation, unemployment and productivity decline continue to cause concern. For example, between 1967 and 1973 the consumer price index for Ottawa and Toronto—to take two broadly representative samples—rose at average annual rates of 4.4 and 3.8 per cent respectively. From 1973 to 1980 the corresponding figures were 9.2 per cent for Ottawa and 9.4 per cent for Toronto.

During 1967 to 1973 Ontario's average unemployment rate was 4.2 per cent, while from 1974 to 1980 it was 6.4 per cent. From 1967 to 1973 Canada's growth in labour productivity was in excess of 3.5 per cent per year, but by the mid-1970s this figure had fallen below one per cent per annum. The Economic Council of Canada has calculated that if the productivity growth rates experienced from 1958 to 1973 had been maintained throughout the 1970s, Canada's total output would have exceeded the actual figure achieved by 14 per cent.

Turning to the area of industrial relations, against this backdrop I should like to address some features of the collective bargaining scene which are significant for all of us. Stagflation has had its effect on bargaining in virtually all sectors of the provincial economy. Not surprisingly, labour attempts to keep pace with past and anticipated cost of living increases. To



the extent that real output is not growing at a rate sufficient to accommodate these demands, they are resisted by management. This creates inevitable tensions.

In addition, there are pockets of specific difficulty where, due to a variety of factors—declining consumer demand, heightened domestic and international competition, to mention just a few—closures, partial closures and significant reductions in operations are occurring. Faced with these dilemmas, labour and management must each attempt to reconcile its own very real sets of difficulties. We must continue to assist them in that task through the dispute resolution services provided by the industrial relations division of the ministry, as well as through our initiatives in employment adjustment, to which I will refer later.

**3:20 p.m.**

The 1982 bargaining calendar makes it clear the new year will bring important new challenges. The volume of bargaining activity in the next 12 months will be particularly intense, with close to one half of all existing collective agreements due to expire. Roughly 600,000 unionized employees, covered by approximately 3,100 collective agreements, the largest number since 1978 and the second largest in the province's history, will be affected by bargaining in 1982.

The sharp increase in the number of employees affected, some 150,000 more than last year, reflects the fact that 10 important industrial sectors will be in bargaining, including automobile assembly, food and beverages, pulp and paper, transportation equipment, electrical products, mining and primary metals, construction, trucking, electrical utilities, and health and related services. Bargaining will cover 50,000 auto workers, 50,000 paper workers, 15,000 nickel workers and some 90,000 construction workers, among others.

The ministry's mandate in relation to collective bargaining is to assist in dispute resolution. I believe we have one of the best conciliation and mediation systems of any jurisdiction. Their traditional activities are familiar to you. However, there are other activities which, singly and cumulatively, are aimed at assisting the parties to avoid unnecessary and costly conflict. When I say costly, I mean costly in human as well as economic terms.

To begin with, there are several joint labour-management initiatives sponsored and guided by the ministry. The retail food industry labour-management committee, which includes repre-

sentatives of most of the major unions of the large retail food chains, provides a forum for the discussion of a wide range of issues in that particular industry. In the past year, agreement was reached to have persons from management and unions with responsibility for health and safety training participate in the training program conducted by the Ontario Federation of Labour. This is a program funded by the Ministry of Labour's allocation from the provincial lottery. The industrial relations division intends to expand the retail food industry concept into other sectors.

Another joint committee which supports ministry programs specifically related to labour-management relations is the Advisory Committee on Arbitration. It is chaired by the assistant deputy minister for industrial relations and comprises three senior management and three senior labour representatives. The committee provides advice on matters related to arbitration with particular reference to the establishment of approved lists of arbitrators. One of the committee's major achievements has been the development of an arbitration training program, administered by the office of arbitration and conducted under the guidance of experienced arbitrators.

About a dozen persons to date have completed the program, which is aimed at increasing the number of qualified arbitrators. Members will recall before the expedited grievance procedure was introduced into the Labour Relations Act in 1979, there was considerable criticism concerning the time taken to process grievances under the consensual arrangements reflected in collective agreements. The statutory option, which provides for a much speedier alternative, has in my view been very successful.

In the first seven months following September 1, 1979, the effective date of the amendment, the office received only 25 requests for expedited arbitration. This was due in large measure, no doubt, to the fact the amendment applied only to collective agreements negotiated subsequent to that date. However, in the fiscal year 1980-81 applications increased to 498, and in the first six months of this fiscal year 634 requests were received. This suggests a caseload of 1,200 for the current year, surpassing the original estimate of between 500 to 600 cases per year. In most cases which proceed to a hearing, the average time from the receipt of a request under the section to the release of the award is approximately six weeks. This is much less than the time taken normally under negotiated procedures.

It is important to emphasize the key role played by a settlement officer in this expedited arbitration procedure. The officer provides the parties with an opportunity to reassess their positions at the critical stage in the process before they are irrevocably committed to adjudication. Mediation offers the parties a broader range of settlement options than may be available under an arbitrated settlement.

In addition, a mediated voluntary settlement is more likely to be acceptable to the parties than an imposed decision. Two thirds of the applications made for expedited arbitration have been settled by officers at this pre-hearing stage. Officers have also been made available for mediation assistance in other grievances arising under their collective agreements. In those situations, 85 per cent of the more than 300 disputes of this sort have been settled through the officers' efforts. Access to such mediation assistance is of particular benefit to smaller unions, whose capacity to proceed to formal arbitration may be limited by cost considerations.

In general, the new section of the act has provided dramatic improvements in the resolution of mid-contract disputes. It has diminished the potential for conflict and reduced the number of unresolved matters brought to the bargaining table.

A further joint labour-management committee, which has a significant continuing role to play in improving relations and the working lives of employees, is the Advisory Committee on the Quality of Working Life. This is a group of senior representatives of labour and management, chaired by the deputy minister of labour. It acts as a steering body for the province's Quality of Working Life Centre.

The centre, the only one of its kind in Canada, was established by the government in 1978 on the advice of this committee. It recently completed its first three years of operation. The committee wrote to me recently recommending the centre be continued and strengthened and reaffirming its commitment to the promotion of quality of working life initiatives. I should be happy to table that letter with the committee at the appropriate time. May I at this time quote one or two passages from the committee's report:

"First, we believe that the quality of working life principles and initiatives have even more relevance and importance to contemporary industrial relations today than they had three years ago.

"Second, we are agreed that there has been substantial and encouraging progress made by the Ontario Quality of Working Life Centre in three main areas of activity: assisting in the development of field projects; promoting quality of working life projects through consultations, special educational events and public relations activities; and researching and publicizing relevant material on significant QWL developments here and abroad."

You will be hearing more about the specific activities of the centre when that vote item is reached. However, in these opening remarks I did wish to share with you the enthusiastic endorsement which has been given to the work of the centre by the steering committee. It is an endorsement which has been accepted by the government and will ensure the continuation of the centre as it moves to promote further quality of working life initiatives throughout the province.

I referred a moment ago to preventive mediation. Before leaving industrial relations, I should like to say a word about progress in the areas where we provide technical assistance. Our programs are designed to assist unions and employers in developing improved relationships in mid-contract. They reduce the pressures on the parties during the difficult period of negotiations.

To meet that objective, the ministry has developed a relationship improvement program. That program entails a two- or three-day seminar in adapting the relationship by objectives, or RBO concepts as they are called, and which have been used extensively since 1975. One example is an RBO program conducted at the Canadian Industries Limited plant at Parry Sound involving the United Steelworkers of America. For the first time another RBO program was recently conducted in two languages: English and Portuguese.

In all the preventive mediation programs, the focal point and common theme is the encouragement of joint problem-solving. Working in close consultation with both parties, the participating mediator determines their needs and designs a training program, which includes the study of attitudes, communications, leadership, grievance administration and the respective roles and responsibilities of the parties. The work plan for the coming year calls for increased activity in the RBO area.

**3:30 p.m.**

Apart from this, several other preventive activities are used. Negotiations following a



no-board report are closely monitored so special mediation services can be provided at the critical pre-strike stage. Special attention is given to first agreement negotiations. Progress of negotiations is carefully tracked following certification so assistance can be offered where it appears a fledgling relationship is encountering difficulties.

Where previous negotiations may have been particularly difficult, early pre-negotiation contact is made with the parties. They then deal with contentious issues and assist in the establishment of bargaining processes, timetables and related matters. Disputes advisory committees, with representatives of labour and management, may be appointed to assist the bargaining parties in particularly difficult disputes.

Before leaving industrial relations, I would like to comment briefly on the impact of the changes made to the Labour Relations Act by Bill 89 in June 1980. As members will recall, that bill provided for the compulsory checkoff of union dues as a statutory minimum union security provision in all collective agreements. Secondly, the bill gives to all employees in a bargaining unit, whether or not they belong to the union, the right to participate in all strike or ratification votes. Thirdly, the amendments entitle an employer to have a ministry-supervised vote on its last contract offer once during any set of negotiations.

I believe each of these revisions has strengthened the collective bargaining process and the climate in which bargaining takes place. The intensity of strife-ridden first contract disputes has decreased. During the year prior to the amendments, there were 46 first agreement strikes which caused 124,720 man-days lost, primarily on the checkoff issue. Although the number of first agreement strikes was only two less in the year following the amendments, they involved only 12,000 man-days lost, a dramatic reduction of 90 per cent. Nine strikes in the earlier period lasted more than 100 days and only seven took less than 10 days. In contrast, in the period after the amendments, only three strikes lasted more than 100 days and 13 took less than 10 days.

I know the supervised last offer vote was opposed by some when it was introduced. Members might be interested to know that in the 20 votes conducted so far under that amendment the employer offer was accepted by the membership on three occasions. If one looks at it apart from the win-loss record, I think it can be fairly argued that the availability of the

vote acts as a useful inducement to the bargaining agent. It ensures that it keeps in touch with its members and truly reflects their wishes at the bargaining table.

To conclude my remarks on industrial relations, I want to talk briefly about the work of the Ontario Labour Relations Board. I do not believe it is appropriate for me to comment on the merits of particular decisions of the board. All I can say is I believe the board in the quality of its jurisprudence has maintained its reputation for fairness and wisdom in a particularly difficult and sensitive area of dispute resolution.

I do, however, think it is appropriate to refer to a number of important procedural reforms which the board has motivated to make its processes more expeditious. In an effort to speed up the board's handling of certain specific types of applications, it has recently adopted an expedited hearing procedure. On these applications, dealing with allegations of illegal strikes or lockouts, hearings can be held within 36 hours of the time the matter is received by the registrar. These hearings are located as close to the location of the dispute as possible.

With respect to certification applications, which constitute a large portion of the caseload, the board has introduced a waiver of hearing procedure. This approach, if consented to by the parties, permits a certificate to be issued without the necessity of the parties travelling to Toronto for a hearing.

Statistically, the board continues to maintain its high performance record despite its increase in caseload over the previous years. For example, at the close of the second quarter in the current fiscal year, 60 per cent of the certification cases and 67 per cent of the construction industry grievances processed by the board were disposed of within 28 days of their filing.

These figures are due in no small part to the settlement ability of the board's labour relations officers. They achieved an overall settlement rate of 79 per cent of their total caseload during that same period. It might be pointed out the board's officers have played an important mediation role in those major cases where complex remedies were issued and which required the further involvement of the board in their administration.

Finally, I am pleased to draw to your attention that the board has issued its own annual report for the first time this year. It contains a great deal of important information about the board's activities and purposes, together with two pamphlets outlining the rights and respon-



sibilities of employers and employees under the Labour Relations Act. They are to be distributed in the near future. These publication initiatives by the board constitute an important effort to communicate with the public more effectively.

In our concern that the collective bargaining system function effectively, we are aware that approximately two thirds of Ontario's work force are unorganized and that some portion of the unorganized work force is dependent upon the provisions of the Employment Standards Act. I should like to refer to initiatives in that area. This past year has seen a two-step increase in the province's minimum wage. As of October 1 the minimum rose to \$3.50 per hour, an increase of almost 17 per cent over the \$3 rate which prevailed in the fall of 1980.

Over the past year we have taken both legislative and program initiatives to address the problem of plant closures and the layoffs arising from closures. In the fall of 1980 we established a plant closure review and employment adjustment branch. Bob Joyce, a person with a lifetime career in industrial relations, who, I submit, is widely respected by both labour and management, was appointed as special adviser to the minister.

Under his guidance the branch performs the following functions related to plant closures: Fact-finding to determine the reasons behind the closure and to see if anything can be done to avoid the closure or reduce its impact; mediation to assist in solving labour relations problems that may lead to a closure or occur following the announcement of a closure; and co-ordination of the resources available for counselling and training from local community colleges.

In 1981 the special adviser or his designate has intervened in 24 pending or announced closure situations. The special adviser's conclusions and advice have allowed the ministry to determine the most appropriate provincial approach to be taken in response to the closure. In addition, the ministry continues to financially support manpower adjustment committees involved in locating employment for those affected by plant closures. In 1981 committees have been established in 63 enterprises.

A particularly interesting experimental counselling program was initiated by the branch in collaboration with a community college with costs shared by the employer and the Ministry of Colleges and Universities. The particular program offered career and job placement

counselling, as well as facilitating training for hourly workers in small groups and on a personal basis.

An independent evaluation of the results of that project, including the views of the participating employees, is encouraging and suggests it might usefully be expanded. Increased funding for counselling in special closure situations has been received, and there are firm indications co-operation will be forthcoming from both the federal Department of Employment and Immigration and the community colleges in an intensified effort to afford special services of this kind for the victims of selected plant closures.

If in these new endeavours, which include, incidentally, increased provincial involvement in manpower adjustment committees, we can assist even five or 10 per cent of those who are counselled to upgrade their skills, Ontario's capacity to meet its labour market needs can be significantly improved.

**3:40 p.m.**

In June of this year the Employment Standards Act was amended to provide severance pay where 50 or more employees are terminated as a result of the permanent discontinuation of all or part of a business. This statutory minimum requires one week's pay for each year of service to a maximum of 26 weeks' pay for employees with five or more years' service.

The amendments authorized the Minister of Labour to require employers to participate in and contribute to manpower adjustment committees. I am also empowered to require other activities which seem appropriate to facilitate re-employment of terminated employees. Finally, the amendments require that the employer's contributions to benefits be maintained during the termination notice period stipulated by the Employment Standards Act, both where notice is actually given and in those instances where pay in lieu of notice is provided instead.

A recent survey of plant closure activity reveals the following information about the impact of the amendment. Since the severance pay legislation became effective, and you will recall it was made retroactive to January 1 of this year, 35 companies have closed or partially closed. Eighteen of these companies have submitted final reports, indicating that a total of 826 employees were entitled to severance pay under the provisions of the act which they would not otherwise have been entitled to. Many more employees collected severance pay either because of rights under collective agreements or in the

case of those not subject to collective agreement because of company policy. Total severance payments to all employees made in respect of these 18 closures were approximately \$4 million.

I should add that substantial improvements have been made in the methodology for collecting, compiling and distributing statistics on the occurrence of closures, partial closures and major layoffs due to reduced operations. The new system developed by the ministry's research branch is computer-based, and I shall be happy to have Mr. Whittingham, director of the research branch, describe it to members of the committee when we reach the appropriate vote and item.

The research branch is also in the midst of a survey of the effects of recent closures on affected employees. That survey will shortly be distributed to approximately 3,000 people. It covers closures of various sizes in several industries across the province. The survey should, among other things, assist in determining the effectiveness of the employment adjustment programs now in place. In addition, my ministry is providing support for two case studies, one at York University which is examining the impact of the SKF closure, and another at Queen's University concerning the effects of the Beach Appliances closure.

My opening remarks on the present state of the economy underscore the importance of the work of the Ontario Manpower Commission. Last September I announced the appointment of Dr. Alan Wolfson as acting chairman of that commission. Dr. Wolfson is on a one-year leave of absence from the University of Toronto. He succeeds Don Pollock, to whom I would like to pay special tribute. In his two-year term Mr. Pollock worked tirelessly and effectively to establish a firm base for the future work of the commission. The government and the public are greatly in his debt. Dr. Wolfson brings to this task immense energy and intelligence, and I am confident that he will continue and expand upon the invaluable work already undertaken.

During the past year the commission's labour market research group has been heavily involved in compiling information on the demand for and the supply of work skills. Within the next week or two the commission will be releasing a study of projected labour market imbalances covering the next five-year period. We will also be issuing an important background paper dealing with the employment of the physically disabled.

The commission plays a key role in evaluating

and co-ordinating the management of the government's various youth employment programs. This co-ordination and evaluation takes place on a continuing basis in the context of a total youth employment expenditure envelope and ensures that expenditures are made in the areas of greatest need.

Much of the commission's time has been devoted to a case-by-case examination of the training efforts of major corporations. The commission has met with senior officials of many large employers to determine the nature of the obstacles to increased skilled training and to determine the nature and degree of commitment existing among employers to improve their capacity to be self-sufficient in this area. The commission will be reporting to me on this matter in the near future.

The commission is also involved in co-ordinating federal-provincial negotiations on manpower issues, including the negotiation of the agreement under the federal Adult Occupational Training Act. The importance of this role cannot be overemphasized. We must see that Ontario receives its fair share of available training funds and at the same time ensure that the training moneys are put to the best use, relying upon our own educational and training infrastructure.

In the area of human rights I need hardly remind members of the committee that much of my time and effort over the past few months has been devoted to Bill 7, the new Human Rights Code. It now appears that we will complete the legislative process before Christmas.

**Mr. Gillies:** There is still a section to go, Mr. Minister. I would not make any rash statements.

**Hon. Mr. Elgie:** Is that a hopeful wish? Perhaps the next statement will not be as rash.

While there has not been total unanimity on every aspect of the bill, I think it commands broad support in the Legislature and in the community at large. It represents a significant step forward in both real and symbolic terms.

Of particular importance in this, the International Year of Disabled Persons, is the scope of protections afforded to disabled persons under the bill. We must now prepare for the coming into force of the new legislation and ensure that we have the necessary resources to permit the commission to carry out its significantly expanded mandate.

To emphasize the government's commitment to improved race relations, the race relations division of the commission was expanded in May of this year to include Dr. Bhasaheb



Ubale, the first race relations commissioner, and two others, Jane Pepino and Beverley Salmon. They are responsible to the commission for the development of policies to reduce racial discrimination and promote harmonious race relations.

This division is unique in Canada and it represents an attempt to build a climate of mutual respect among all citizens of the province. Dr. Ubale has held numerous consultations on human rights with key representatives from business, with educational institutions, with law enforcement agencies and with community groups throughout the province.

The race relations division has conducted race relations training seminars with the Metropolitan Toronto and with Halton, Kitchener-Waterloo, Peel and Hamilton-Wentworth regional police forces, in addition to its regular training program activities with the Ontario Provincial Police and at the Ontario Police College. An all-day race relations workshop with police trainers from across the province is planned. It will be co-sponsored by the division and the Ontario Police Commission.

The division also provided special technical assistance to both the city of Toronto and the municipality of Metropolitan Toronto in their programs relating to equal employment opportunity for members of visible and ethnic minorities. When incidents of Ku Klux Klan activity, associated with the secondary schools, were reported, the commissioner for race relations met with directors of all the boards of education in Metropolitan Toronto.

Remedial strategies were shared and the division compiled a list of measures and initiatives that could be taken to combat activity of the sort pursued by the Klan and to improve the race relations climate in the community generally. This information was well received by the Metro boards and has been shared with all boards of education throughout the province as well as with the Ministry of Education and all Ontario faculties of education.

A major thrust in the commission's ongoing public education program has been a series of consultations with the print and broadcast media, the advertising industry and the Canadian Radio-television and Telecommunications Commission to discuss the serious negative impact of stereotyping and lack of visible minority representation in general programming and advertisements. Such activities are designed to eradicate the prejudicial attitudes that become the basis of discriminatory acts.

3:50 p.m.

The race relations division has also focused on visible minority youth unemployment, particularly in urban areas. It co-sponsored a pilot project with the Downtown Christian Leadership Council and the Downtown Business Council aimed at providing first-time job experiences for unemployed minority youth. Some 30 students participated, and plans are under way to continue and expand that program in the summer of 1982.

In the area of complaints and compliance the commission itself has been giving increased attention to its growing caseload. Effective last September, a new rapid case processing method was introduced with a view to shortening the length of time required to investigate complaints and achieve settlements. The new procedures are beginning to pay dividends and, along with other administrative improvements, have resulted in reduction of the backlog of unresolved cases by approximately 27 per cent.

I think it is particularly appropriate in the International Year of Disabled Persons that I take a few moments to describe initiatives undertaken in the ministry to increase employment opportunities for handicapped persons. I have already mentioned the revisions to the Human Rights Code which include protection for handicapped persons, very broadly defined, in all areas — employment, services and facilities, accommodation and contracts, including insurance.

The ministry in co-operation with the Ministry of Community and Social Services has established a task force to investigate the application of wage permits to rehabilitation workshops. The question of fair compensation in workshops has been a major concern of the handicapped community in the last few years. I hope to receive within the next few months the recommendations of this task force, which will have the benefit of extensive input from interested organizations in the community.

Another important area of rights for disabled persons concerns the opportunity to gain re-employment after being injured on the job, a subject included in Professor Weiler's review of the Workmen's Compensation Act. The government's white paper on workers' compensation, tabled last June 25, recommends that an injured worker be entitled to return to his old job if he is able and, further, if he is no longer capable of performing his old job, he should have a limited right to perform another suitable job at the same enterprise.

Consultants of the ministry's handicapped



employment program assist employers with a variety of aspects related to handicapped employment—personnel practices, architectural barriers, hiring procedures, outreach recruitment and analysis of the physical and mental demands of jobs. In addition, the consultants run awareness sessions which help managers and staff in a company overcome the many myths surrounding the employment of the handicapped. The program continues its involvement with the important pilot project in Hamilton, which has as components community and interagency co-operation in placement and programming, an employer consulting service and the testing of how best to deliver information and education to employers, disabled consumers and professionals.

A year and a half ago a one-day conference was held in connection with the Hamilton project with 62 employers in attendance. Project staff have followed up initial contacts, and a core group of about 40 firms is working on an ongoing basis with this project. The handicapped employment program has continued its outreach activities directed to special interest groups such as health professionals. An awareness seminar was held with occupational therapists, and plans for future conferences with other health professionals are being developed.

I have been personally involved in a series of luncheons with key leaders in the private sector in different communities in Ontario to promote the employment of the disabled. These were organized jointly with the Ontario Welfare Council. The government provided financial and other support to the council's conference on employment of disabled persons held in Toronto last September. This significant event brought together some 300 representatives from various sectors involved in handicapped employment, including employers, labour, social agencies, handicapped consumers and others, to identify key issues and opportunities for improving handicapped employment prospects.

I think it should be clear from these initiatives that the ministry does not regard the International Year of Disabled Persons as a one-time effort, but rather as a valuable opportunity to mobilize broader public support for a continuing effort to foster greater involvement of disabled persons in the world of work.

One of my most challenging responsibilities, especially in the current economic climate, relates to programs and policies affecting women in the work place. We have taken some important new initiatives in this area recently through

the program delivery branches and with the active participation and guidance of the women's bureau. As we all know, domestic work is performed by a work force which is almost entirely female. On January 1 of this year a new regulation came into effect under the Employment Standards Act expanding the protection for domestic workers.

The regulation applies to domestic workers with the exception of sitters and companions and includes, for example, housekeepers, maids, cooks and nannies who work more than 24 hours per week for one employer. Under the regulation they are entitled to a minimum of \$24 per day or \$568 per month, from which the employer may deduct up to \$50 per week for room and board.

Domestic employees are also entitled to at least 36 consecutive hours free time each week and to at least two vacation weeks per year. They are given the right to seven paid statutory holidays per year or another day off in lieu of such a holiday. These rights are in addition to those already accorded to domestic workers under the act: wage protection, equal pay, equal benefits, pregnancy leave and notice of termination of employment. I would also remind members that Bill 7 extends protection against discrimination under the Human Rights Code to most domestic workers.

Several other issues of particular interest to women are included in the code. Tenants and employees are protected against sexual harassment by landlords and fellow tenants and by employers and fellow employees. Sexual solicitation made by a person in a position of authority is specifically prohibited, as are reprisals for rejecting such advances. In addition, Bill 7 permits the human rights commission to recommend special programs to employers.

Family status has been added as a prohibited ground of discrimination in all areas covered by the code. This will mean that a woman could not be refused employment simply because she has dependent children. In the accommodation context persons are protected from discrimination for the reason that they are in receipt of public assistance.

The intensified emphasis within the employment standards branch with respect to equal pay investigations, of which I spoke in detail at last year's estimates, has continued. In the 20 months since the special investigation program was launched with specially trained staff, the branch has completed well over 200 investigations and initiated about 70 preventive inspec-

tions or audits. In this period 71 employers were found to be in violation of our equal pay legislation. A total of 844 employees have benefited either in terms of arrears assessed as owing, \$425,000, or in terms of salary or wage increases required, some \$366,000. With refined methods of targeting routine investigations and with the increased expertise of our staff, a higher ratio of violations is being identified in ministry audits. In the fiscal year 1978-79 about 23 per cent of our investigations uncovered violations, while in the current fiscal year the figure has risen to 30 per cent.

The explanatory material supplied to committee members contains a fairly detailed account of the current activities of the women's bureau. I would like to draw your attention to one or two activities which I think are specially important. The bureau has been active in its production of publications, which are distributed at the rate of almost 450,000 pieces per year. New titles include *Women in the Work Place*, a *Blueprint for Employers*; *An Approach to Bias-Free Job Evaluation Procedures*; and *An Employer's Guide to Non-Sexist Language in the Work Place*.

#### 4 p.m.

All three publications are designed to encourage and support employers as they work to remove some of the barriers which women still encounter in many organizations. Bureau staff have developed descriptive material on labour legislation for immigrant women; in addition, there is now available a slide presentation entitled, *Your Rights as a Worker in Ontario*. The first tape was made in English and translations will be made into other languages of the work place so we may more effectively communicate with immigrant women in this vital area.

An important contribution to the work of the ministry is made by the Advisory Council on Equal Opportunity. It is composed of leaders from the business and labour communities and gives advice on how best to promote more equitable employment opportunities for women. I believe the council's activities have already impacted significantly on employer and union attitudes towards women. Last January the council sponsored a one-day consultation at which management, labour and government representatives shared concerns about the difficulties they face in implementing affirmative action programs for women and discussed means by which they might be overcome. The council also hosted a luncheon meeting with a

number of chief executive officers from around the province, which gave me the opportunity to convey my commitment to the goals of equal opportunity and to encourage those present to make an all-out effort to improve the record.

The council has been holding meetings across the province to assess problems and progress in other communities. It has met in London, Sudbury and Thunder Bay and has plans to travel to St. Catharines and Kingston. On these occasions there is an opportunity for full exchange of views with management, labour and community representatives. This fall the bureau opened a northern office in Thunder Bay to help meet the particular information and resource needs of women and their employers in that important part of the province.

The government as an employer has an interest and obligation in these same issues. The basic objective is to raise the level and diversify the occupational distribution of women within the public service. The women crown employees office plays a key role in stimulating, monitoring and evaluating government policies and practices aimed at achieving that objective. When we reach the women crown employees office vote, you will have an opportunity to meet Barbara Speakman, the new director, who replaced Rita Burak following Ms. Burak's promotion to the position of executive director, administration.

The 1979-80 annual report of the women crown employees office indicates that for the fifth consecutive year women have increased their share of employment within the Ontario public service and the concentration of women in the senior salary range has increased. Although in percentage terms the improvement was not substantial, I believe that accelerated efforts in this area will increase the pace of progress.

I would like to touch briefly on my own ministry's performance in this area. Last year, as members know, the government established numerical targets for increasing female representation in all categories of employment. The long-term target is 30 per cent representation in all modules and categories of employment. Of the 13 categories applicable in the Ministry of Labour, six have already reached the goal and the seventh is very close. Of the 10 senior managers who report directly to the deputy minister, five are women.

I wish now to turn to the activities of the occupational health and safety division. I am quite aware that there have been suggestions in

some quarters that progress in some aspects of this important work has been too slow, especially in relation to the control of toxic substances. Doubts have also been expressed about how well some aspects of the Occupational Health and Safety Act, 1978, are working. Joint health and safety committees and translating the internal responsibility system into effective practice have been singled out as potential problem areas. I welcome the opportunity to address these matters and to share with committee members details of the activity of the division over the last 12 months.

The legislation, as you know, became effective just over two years ago and, generally speaking, I believe that significant progress has been made. In keeping with Dr. Ham's major premise, the ongoing field and support work of the division is characterized by an open and consultative approach, an approach which also characterizes the process by which workable new regulations are developed.

Aside from the field activity of our line branches, which has grown in volume, attention within the division has been focused on two main areas, first, meeting our commitments to produce regulations governing exposure to designated toxic substances in the work place and, second, expanding the specific coverage of the act to a number of groups for which particular regulations appear to be necessary. I propose to deal with the control of toxic substances first.

We now have a prototype designated substance regulation governing lead and lead compounds, which became effective six weeks ago. The regulations for vinyl chloride and mercury are currently before the Advisory Council on Occupational Health and Occupational Safety for consideration, the last procedural step before they are presented to cabinet. We intend to proceed with an interim asbestos regulation as well, mindful of the fact that a royal commission is currently examining matters arising from its presence in the work place. The interim asbestos regulation will, of course, be reviewed in the light of the commission's findings.

Before turning to a detailed consideration of the consultative process used to develop the designated substance regulations, I would like to review the basic features of the model regulation. The regulation—and I am now speaking about the prototype lead regulation—establishes limits which must be achieved, with the particular methodology for compliance left to those to whom the regulation applies.

The current designated substance regulation represents in a legal sense a stricter approach than did the 1978 draft in that it requires compliance with a specified exposure limit. The earlier draft provided, in effect, that if measurements and tests revealed that limits were being exceeded, a variety of measures could be taken to protect the worker and to reduce exposure levels. It became apparent that the so-called standards established under the 1978 draft were in a legal sense indistinguishable from guidelines in that they could be breached without legal consequences so long as the remedial steps stipulated in the regulation were being carried out.

Accordingly, we made fundamental changes to the set of proposed regulations published in 1980. The levels stipulated must now be met by means other than the use of personal protective equipment, that is, by engineering controls and administrative or work practices, subject to limited exceptions. So now for the first time we have legislated standards as opposed to guidelines. No determination by an officer of the ministry is required to establish that exposure in excess of the numerical standard will endanger the health of exposed workers. That fact is assumed in the regulations, and exceeding the standard constitutes a statutory offence which, upon conviction, can result in a substantial fine.

While the heart of the designated substance regulation is the section dealing with exposure limits, there are subsidiary features which are vitally important. As a first compliance step, potentially affected employers are required to make an assessment of the likelihood of exposure of workers to the particular toxic substance. In making the assessment, there is a legal duty on the employer to consult with the joint health and safety committee, which has the power to make recommendations relating to the assessment. Where the assessment discloses potential hazard in workers, a control program, including provision for engineering controls, work practices, monitoring, medical examination and retention of exposure and medical records, must be developed and implemented, again in consultation with the joint health and safety committee.

The prototype regulation incorporates four supplementary codes: a code covering personal protective equipment; a code for measuring the airborne concentration of the substance; a code for medical surveillance; and, where appropriate, a code for determining the presence of the agent in the human body. In addition, the



ministry is committed to issuing explanatory material to assist employers and employees in applying the regulation.

#### 4:10 p.m.

Let me now turn to a review of the consultative process used by the ministry to ensure that the designated substance regulations are fair, workable and effective. The choice of some of the original eight substances for designation—lead, mercury, isocyanates, silica, asbestos, noise, vinyl chloride and coke oven emissions—was made on the basis of the historical association of serious illness and disease with gross exposure.

For the others, there was deemed to be sufficient evidence of serious potential risk of ill health caused by what appeared to be persistent inadequacy of control measures in the work place. Once the substances were identified, the staff of the occupational health and safety division commenced a comprehensive review of the scientific literature and, at the same time, surveyed the programs, legislative and administrative procedures adopted in other jurisdictions.

In determining the form of the regulations and the exposure limits to be proposed, extensive discussions occurred within the division. Internal discussions were co-ordinated by the standards and programs branch and the scientists, physicians and hygienists of the special studies and services branch; the occupational health branch provided advice on epidemiology, health effects, engineering controls, protective equipment, laboratory analysis and like matters.

During this stage of the process informal consultations were held with external technical consultants as well. Having determined the form of the regulation, and the tentative exposure limits, the appropriate notifications were given in June 1980 under section 22 of the act. Proposed regulations were published for seven substances on August 16, 1980 and for coke oven emissions on May 9, 1981.

I hope that members will be able during the course of the debate to appreciate something of the magnitude and complexity of the task of analysing the various briefs, submissions and comments made in response to these publications. More than 400 briefs were received on the first seven designated substances. Many of them raised highly complex technical issues. In some instances contact was made with the persons making submissions to receive clarification and to discuss optional approaches proposed. This

was an enormously time-consuming yet worthwhile stage of the process. It enabled the ministry to assemble for public scrutiny a detailed inventory of the concerns expressed by labour, management and the scientific community.

Once all the briefs were thoroughly analysed, the ministry gave notice to interested parties of its intention to convene a series of meetings to share publicly its analysis of submissions and the intended responses to them. Separate meetings were held for each of the substances. The schedule of meetings was as follows: lead on March 25, 1981; mercury, May 28; vinyl chloride, June 9; noise, June 23; isocyanates, July 7; silica, July 30; coke oven emissions, September 9; and asbestos, September 22.

At each of the meetings, a detailed presentation was made, summarizing the major issues raised in the submissions and showing where the ministry was inclined to make specific changes in the regulations as a result of those submissions. A question-and-answer period followed the ministry's presentation, with participation by officials from all affected branches within the division, to respond to the various points raised and to receive further argumentation. At the conclusion of each of the meetings, parties were notified that they had a further period, usually three weeks, to reduce their remaining concerns to writing.

Mr. Chairman, I should pause to say that this procedure I have described, in which the parties of interest were given full opportunity to express their views publicly before the senior officials of the ministry primarily involved in the drafting of the regulation, was extremely well received by most of the persons and groups with whom we met. The concept of an open meeting was a step which has been added to the process since the last debate on estimates and it has, no doubt, been one which has prolonged the process. However, I am convinced beyond doubt, as are my staff, that it was an essential step that was required.

This has been a learning process for us, and one of the key lessons has been that the affected public has the right to be heard and, moreover, has an invaluable, informed contribution to make. As a result of that public input, the form and content of the regulations will be much improved.

Returning to the process, I should add that prior to each of the open meetings, the ministry placed in ministry libraries, both in Toronto and in various regions across the province, all

background material relating to the particular designated substances, including health effect studies, the reviews prepared by standards and programs concerning the extent and nature of the use of the substances in Ontario, studies relating to other jurisdictions, control strategies and related material.

Following the public meeting, and once final decisions are made within the ministry taking account of any supplementary briefs, the document is submitted to the Advisory Council on Occupational Health and Safety for comment. The review conducted by its regulation task force is, to say the least, exhaustive. All of the council's observations are carefully considered and recommendations by council which are accepted are incorporated into the final revision. I am then briefed on the final document and, following the approval of all necessary changes, the regulation is submitted to legislative counsel. Once it receives approval, it goes before the legislation committee of cabinet and then to full cabinet. When cabinet concurs, it is ready for filing with the registrar of regulations, the final procedural act which brings it into force.

Mr. Chairman, I have followed the process in sequential detail because I think it is important for committee members and for the public to understand the reason it takes such a long time for a regulation to be enacted. If we are to comply with the principle of openness and full consultation, vigorously recommended by Dr. Ham and enthusiastically endorsed by labour and management, I do not see that any shortcuts can be taken. None the less, the development of the prototype lead regulation has been, as I have said, a learning process. As we proceed through the remaining substances, of which notice has already been given, and on into the next set of substances, the process will be less time-consuming without losing any of the safeguards provided for full public input.

As to the time taken to proceed through the process, I believe that our record compares favourably with that of most other jurisdictions and is superior to many. I might also say that for future designation of substances, it is intended to rely at an earlier stage and to a greater extent on external advice from labour and management and, I hope, from the advisory council. This should also cut down on time consumed in repetitive consultations.

As members may recall from discussions at last year's estimates, the occupational health and safety division has under active review

some 50 chemical substances for future designation by regulation. Staff of the division would be pleased to review the status of the work it has undertaken on these substances. However, I would note that based on the experience gained in the first round of designation, the ministry has already found it is useful to enter into contracts for studies to augment available background information, particularly in respect of information on the nature and extent of the use of the substance in Ontario and the extent of the health hazards perceived to exist.

I have so far been dealing with the setting of standards by way of designating substances under the provisions of the act. As members know, there are other more general provisions of the act which, in effect, require employers to take every precaution reasonable in the circumstances for the protection of a worker and to enable inspectors to issue appropriate remedial orders when they believe these precautions are not being taken. The ministry is also empowered to adopt criteria or guidelines with respect to the exposure of a worker to dangerous substances to aid inspectors in determining whether orders should be issued prohibiting, limiting or controlling use.

Pursuant to these provisions of the act, the ministry has prepared for a discussion a document entitled, "Exposure criteria for potentially harmful agents and substances in work places." This will be distributed to members. This document lists exposure values for some 500 chemical and physical agents. The ministry has recently distributed approximately 2,000 copies with an announcement calling for written submissions by the end of February. My objective is to see this list, with whatever revisions may be appropriate in the light of submissions received, adopted as criteria or guides by regulation for the purposes of section 20(8)(f) of the act. In the meantime it should assist employers, workers and others in assessing whether a worker's health may be affected by exposure to one or more of the substances referred to in the draft document.

**4:20 p.m.**

I should like to take a moment to acknowledge the very valuable contribution made by the Advisory Council on Occupational Health and Occupational Safety, not only through its exhaustive review of both the proposed regulations and the process by which they were achieved, but also with respect to the advice it has provided upon request or on its own initiative on a wide range of health and safety issues. The nature

and quality of the advice given by the advisory council is reflected in its last annual report. I am sure Dr. Mustard will be prepared to expand on any issues of particular interest to members of the committee.

I turn now to the question of extended coverage. Over the past year ministry staff have been involved in continuing consultations with labour and management representatives in the development of regulations specific to firefighters, police and health care workers, and in devising ways in which to extend the Occupational Health and Safety Act to teachers and academic staff of schools and universities as well as to farm workers. At this time the latter two groups are exempted under the act, while the others, although covered by the general provisions of the act, do not have specific regulations pertaining to their specific work places. Progress has been made and staff will be happy to answer any questions concerning the rather complicated consultations which are necessary in order to conclude these matters.

I referred to comments about the operation of health and safety committees. Records compiled by inspectors indicate that health and safety committees have been established in virtually every work place where they are required. Moreover, we are helping the committees in every possible way to carry out their duties and responsibilities effectively. The assistant deputy minister has a special adviser with a strong background in industrial relations who is available to consult with and assist committees. Earlier this year we published a guide to the act, which has been useful to all persons who are affected by it. We are now preparing a booklet specifically designed to help both employers and employees understand their respective roles with respect to committees and with respect to the role of health and safety representatives.

The work of the occupational health and safety division is so varied and engages so many professional disciplines that in the time available for today I cannot describe more than a small fraction of its recent activities. I would note that the Ontario miners study is proceeding as planned. This project, co-ordinated by Dr. Jan Muller, began in May 1980 with the cooperation of the Workmen's Compensation Board, the mining companies, the unions and the Atomic Energy Control Board. It is, as members know, an extensive study of the records of uranium and nonuranium miners, totalling almost 52,000 workers.

The report on the present phase of the work is expected to be completed by May 1983. Dr. Fitch or Dr. Muller is prepared to give committee members a progress report and indicate the accomplishments to date. The Muller study is but one of a number being conducted by the special studies and services branch. Dr. Fitch will be happy to speak about his other activities.

Some of the other significant projects include studies of asbestos workers in the Johns-Manville Scarborough plant and of the mortality experience of persons compensated for asbestosis as well as a study of former employees of Bendix Automotive of Windsor. They are also examining the public health implications of fluorides and the ramifications for employees of shift work.

As members may know, our new occupational health laboratory opened in April of this year. It has enhanced our ability to improve the scientific backup needed by our field staff in fulfilling its mandate. The improved, enlarged facilities were essential to meet the growing public expectation and concern for matters relating to occupational health. Over the last four years the number of analyses performed by our staff has more than doubled to nearly 65,000 a year. We now have the largest and best-equipped facility of this kind in Canada and we are in a position to provide prompt and sophisticated identification of work place hazards and analysis of biological samples.

I should like to comment briefly on the Burkett report, the Report of the Joint Federal-Provincial Industrial Inquiry Commission into Safety in Mines and Mining Plants in Ontario, which was released in June of this year and is currently under study within the ministry. In my view, the report is a model of thoroughness, clarity and practicality. It is, in effect, a working document for practitioners in the industry. The response of unions and management and, indeed, individual employees to the report will be carefully analysed and considered along with the recommendations in the report itself.

I asked for comments by September 30, 1981, and 24 briefs have been received in response to that request. I appreciate the very substantial effort that has gone into the preparation of the material so far received. Generally, the content of the responses is encouraging. They demonstrate a genuine concern to improve safety and recount extensive efforts to improve existing practices in the light of the report. There is full agreement with a very substantial number of the recommendations and agreement in principle



with many others. There appears to be a general acknowledgement that the commission focused its attention on the key safety issues and identified important facets that will need more attention than they have received in the past.

Practically all of the briefs that deal comprehensively with the report confirm support for the internal responsibility system. Since this concept is fundamental to Ontario's occupational health and safety legislation, it is reassuring to have such widespread endorsement. In addition, the idea that parties to the system have both direct and contributive roles to play in ensuring safety has provoked useful discussion. I look forward to meeting both the unions and mining companies in mid-January to discuss their responses in more detail.

It should be said the positive responses have not been unqualified. A few recommendations, notably those relating to the bonus system, ground control techniques, and perhaps to a lesser extent the suggestion for full-time worker safety representatives, have been contentious. However, there is agreement in principle with the emphasis on ground control and the need for effective worker representation in safety matters.

Judging from our analysis to date, the briefs will be extremely helpful in identifying the practical impact of the recommendations. As you know, several of the recommendations have a direct bearing on the activity of the Ministry of Labour and some of these are already implemented. As an example, one of the key recommendations concerns the role of the chief executive officer. The ministry concurs with the recommendation this person has a major role to play in a company in setting out the objectives and philosophy under which his employees operate. The ministry has taken steps to increase the contact between senior ministry officials and the CEOs, especially when there are ongoing health and safety issues which require a firm commitment to resolve.

We have plans to implement other recommendations as well. Some are related to training. While much has been accomplished in this area, it is recognized that much remains to be done. As members know, a miner may be granted certification on completion of the hard rock mining core modular training program. Some 7,000 have completed this program and almost 9,000 are currently enrolled. This fall 66 miners graduated from an advanced specialty training course.

The obvious success of these programs has

led us to consider applying the modular approach to other training needs. We are planning to develop modules to help us train our own inspectors and engineers. These will then be made available to both companies and unions for their own programs.

In conclusion, I think this has been a year of substantial accomplishment within the Ministry of Labour. Despite this, it would be difficult to conclude any description of the highlights of our activity without recognizing that problems persist for many individuals in Ontario's work force. These include problems in the working environment and relationship problems arising in part from contemporary economic pressures, but also in part from traditional historical adversarial stances. These problems, to a greater or lesser extent, will always be with us, but they become more pronounced in times of economic stress. We shall continue to address them with determination.

**4:30 p.m.**

On any objective assessment I believe substantial progress has been made in the last 12 months on severance pay, human rights legislation, increased protection for domestics, revision to the minimum wage, establishment of a final prototype regulation for toxic substances, and a major white paper embodying the entirely new approach to the workmen's compensation system, to say nothing of the ongoing administrative and line branch accomplishments.

I am not arguing we have achieved perfection, but I hope you will agree important strides have been made in one of the most vital and dynamic fields within government. We have in Ontario in matters pertaining to our work force a legislative and administrative framework which reflects some of the best standards and instincts in our society.

**Mr. Chairman:** Thank you, Mr. Minister, for your extensive and detailed opening statement. I shall now ask for a response from the official opposition. I recognize Ms. Copps to begin the first response.

**Ms. Copps:** Mr. Minister, at a recent policy conference of the youth wing of the Conservative Party, the Premier had a real taste of what the grass roots of his party was all about. Reports say—obviously I was not there—his youth group criticized what little social progress the Premier and the more enlightened members of his cabinet have managed to recommend. I might add our own minister did not get off very easily. The group was especially critical of

government intervention. What they fail to see is it is not a question of too much or too little government, but rather what is called for today, namely, good government.

From what I understand this group was highly critical of organized labour. The workers may be out of fashion with the politicians opposite, but they are not without real human needs. Does the minister support this turn to the right of his party which, if allowed, would have disastrous effects on the basic human rights of the workers?

The Liberal Party has always believed the basic civil right of all Canadians is to be able to earn their way in life. To this end, we will put pressure on the government to ensure employment will be the first priority of our economic policy. Our policies must ensure there will be security for all who are now at work, and we must pledge jobs for those who have lost theirs because of the economic downturn in the Ontario economy.

This must be the bottom line commitment for our committee in discussing the estimates of the Ministry of Labour. We must decide whether the expenditures of the ministry are justified and working towards this goal, or whether the bureaucracy or administration has taken over the ministry, limiting its effectiveness. If this province chooses to follow our neighbours to the south, as its grass-roots support within the Conservative Party seems to be suggesting, then surely the justice and quality of life I hope all members of this legislature fight for will be demeaned.

The past year has been a disastrous one for many workers. Most of the layoffs appear to be in manufacturing in southern Ontario. The numbers are staggering. Not even changes in the Ministry of Labour's statistical compiling techniques can change the fact that the Ontario economy is in a down spin.

Let us look at plant layoffs. In terms of numbers of employees affected, some of the more notable cases are the closure of Canadian Admiral; Millhaven Fibres, Cambridge, closure affecting 250 employees; Schick Manufacturing, Toronto, closure affecting 190 employees; Talon Canada, St. Catharines, closure affecting 189 employees; Outboard Marine, Peterborough, partial closure affecting 207 employees; Budd Canada, Kitchener, reduced operations affecting 340 employees; CCM, Toronto, reduced operations affecting 228 employees; DeHavilland, Downsview, reduced operations affecting 664 employees; General Motors, London, reduced

operations affecting 359 employees; International Harvester, reduced operations affecting 322 employees in Chatham and 60 employees in Hamilton; McDonnell Douglas, Mississauga, reduced operations affecting 1,859 employees; National Steel Car, Hamilton, reduced operations affecting 850 employees; and RCA Midland, reduced operations affecting 218 employees.

In addition, as of November 19 of this year, the Ministry of Labour had additional layoffs on file affecting 4,393 employees in Ontario. Major closures and layoffs recorded in these additional statistics include Shop-Rite Stores across Ontario, closure to affect 875 employees in March 1982; SKF, Scarborough, partial closure affecting 233 employees; Budd, Kitchener reduced operations, 826 employees; Eaton Vale, Wallaceburg, 199 employees affected in a reduction of operation; McDonnell Douglas, further reduced operations to affect 190 employees; Ontario Paper, Thorold, reduced operations affecting 332 employees; and Pullman Trailmobile, Brantford, reduced operations to affect 199 employees.

Layoffs in Ontario have raised various questions and issues over Ontario's economic status and what the appropriate response to the problems should be. Some argue layoffs in the automotive farm implement and aircraft industries are due to normal cyclical changes in the economy. Whether this is the case or not, it is still unacceptable.

The breakdown of the traditional manufacturing economy of Ontario is having a serious social impact upon those workers and their dependents who face unemployment and economic hardship. Some sources say rates of suicide, household violence, divorce, alcoholism and mental disorders have increased under present economic conditions. Increased unemployment should be met with co-ordinated and comprehensive employment strategies by the province in co-operation with the federal government. It should be recognized by all that unemployment is not merely an economic problem but also a social one.

Another related point must be raised before I go into a more in-depth look at a few areas in the estimates. That area is the deindustrialization occurring in Ontario and the effects this will have on the workers. Economists are not in full agreement as to the nature and extent of the deindustrialization process. What is clear, however, is that in Ontario the shift out of industrial activity into nonproduction economic activities



has been larger in a relative sense than in any other western economy. While Ontario has gained in a few areas, it has lagged behind in many more. Take for instance research and development. Scientific and technical activities in industry and government have not advanced at the same rate as other forms of white-collar employment.

The debate about why this has occurred suggests reasons ranging from foreign ownership, educational policy, lack of government intervention to better opportunities in other countries and a whole host of other factors. The real problem, however, stems from the failure of the provincial government, and especially the Ministry of Labour, to invent and innovate ideas to combat this problem. The results, as I have mentioned previously, can be seen in the layoffs currently experienced in cities like Brantford, Cambridge and Mississauga. The member for Brantford (Mr. Gillies), sitting across from me at the table, should be able to attest to that.

According to some sources, Ontario has not planned well enough to have a healthy and balanced economy. According to these same people, too many people are employed in basic goods industry that are no longer competitive in world markets. When times are difficult, employment in plants like Massey Ferguson, Admiral and General Motors is the first to go.

I wish to turn next to the specific areas of concern for me and to what I see as a neglect by the ministry in these areas. The first area is occupational health and safety. Man has always used his ingenuity whenever confronted with the dangers of poisoning. In Egyptian, Greek and Roman times when palace intrigues and politically motivated poisonings were common, leaders of society ordered food tasters to sample the royal dinners. At the turn of the century, canaries were used by British coal miners as the birds suffered the effects of deadly and explosive methane long before the miners. When a bird keeled over and died, the miners immediately headed for the surface.

Today, however, employees who work and live in contaminated environments serve as early warning systems for toxic substances, much like the ancient royal food tasters and the canaries. The first people to encounter intense and prolonged exposure to toxic emissions and wastes are the workers and those who live in the downwind shadow of polluting industries.

Our knowledge today about environmental health and the consequences of exposure to poisonous and cancer-causing materials has

been learned for the most part from examining disease patterns among workers and exposed populations. Once an unusual pattern of disease has been detected, exposure standards are usually established. In this way workers and people living in industrially contaminated environments act as guinea pigs for the rest of society. To be more succinct, people are dying for a living.

4:40 p.m.

The majority of cancers are environmental in origin, according to most research scientists in the area. A recent US Department of Health, Education and Welfare report states: "There is abundant evidence that the great majority of malignant neoplasms, probably 90 per cent of the total, are indeed maintained or promoted by specific environmental factors. Carcinogens must, therefore, be regarded as one of the most significant potential consequences of environmental contamination."

Even the US National Academy of Sciences, which has been frequently criticized as a conservative scientific institution, has examined the evidence of environmentally induced cancer. In a recently published book entitled, *Cancer and the Worker*, NAS came to this conclusion: "The real issue in occupational cancer is not so much if we can prevent it as to whether we are willing to prevent it. Occupational cancer is a 'social disease,' a disease whose causes and control are deeply rooted in the technology and economy of our society. Prevention of cancer is largely an attainable goal, but it requires the co-ordinated effort of all parts of society, government, the scientific community, industry, labour and an informed public."

In Ontario there has been a tragic lack of will to adopt and implement measures which would prevent occupational and environmental cancer. Thousands of men and women, people like you and me with families and dreams, have had their lives needlessly snuffed out when governments, in the face of overwhelming evidence, refused to intervene and halt hazardous industrial activities.

Most of us thought that the industrial atrocities of the sweat shops, the 70-hour work week and child labour disappeared decades ago. On the face of it the work place seems to be a more humane place than it has been in the past. However, let us consider what goes on behind the shining steel and brick facade of modern factories and in the technologically rich tunnels of our modern mines.

Rubber workers die of a multitude of cancers



at excessive rates, including cancer of the stomach and prostate as well as leukemia. Asbestos workers, including miners, millers and construction workers, die from various insidious cancers, such as asbestosis, at accelerated rates. Steel workers, particularly those who work atop coke ovens, fall victim to lung cancers at excessive rates.

Copper, lead and gold smelter workers succumb to the cancer-inducing powers of the arsenic they encounter on the job. Uranium miners are exposed to radiation and contract lung cancer at extraordinary rates. Workers who produce dyes breathe in aromatic amines and develop bladder cancer at rates higher than unexposed groups.

Aluminum workers contract lung cancer at accelerated rates. Vinyl chloride workers contract liver cancer at accelerated rates. Nickel workers, machinists, garage employees, painters, petroleum workers, pesticide workers, cleaners working with solvents—the list is far from complete—are all exposed to cancer-causing substances.

There are a number of other facts I would like the minister and the members of this committee to be aware of before I go into a discussion on asbestos and suggest recommendations to the ministry. Consider the evidence compiled by the US National Cancer Institute and the National Institute of Environmental Health Sciences on job-related cancers. These two US government agencies estimate that close to 40 per cent of cancers may be triggered by occupational factors.

The agencies reached this conclusion after tabulating the cancer risk ratios for exposure to a number of industrial substances. A risk ratio of two means a doubling of the cancer risk. Arsenic has a risk ratio of 2 to 8 for lung cancer. Benzene has a risk ratio of 2 to 3 for leukemia. Coal-tar pitch volatiles and coke-oven emissions have risk ratios of 2 to 6 for cancer of the lung, larynx, skin and scrotum.

Vinyl chloride has risk ratios of 200, 4 and 1.9 respectively for hemangiosarcoma, a malignant tumour of cells lining the cavities of the heart; brain cancer and lung cancer. Chromium has risk ratios of 3 to 40 for cancers of the sinus cavity, lung and larynx. Iron oxide has risk ratios of 2 to 5 for lung and larynx cancers. Nickel has a risk ratio of 5 to 10 for lung cancer. Petroleum distillates have risk ratios of 2 to 6 for lung and larynx cancers.

There are other problems relating to the detection of cancer and finding cause-effect

relationships because of time factors. Professor Terence Ison, a law professor at Queen's University and former chairman of the Workers' Compensation Board of British Columbia, has stated: "Some industrial diseases which result in permanent disability or death can be caused by exposure for periods of less than five years and sometimes less than a year, but with some of these diseases, and cancer is a good example, the disablement may not result until 20 years or more after termination of the exposure to the cancer-causing substance. Even when a worker changes his job after a period of exposure, some diseases continue to develop. Not only does this time lag postpone the community knowledge of the origins of the disease, but it may also reduce the prospects of the cause being correctly determined when the disease becomes noticeable and disabling."

I hope that we, and I include myself, now have a better understanding of what workers in this province are faced with. Taking into account that the Ministry of Labour at the moment has few, if any, regulations and standards on the many cancer-causing agents I have discussed, I would like to zero in on asbestos.

On April 21, 1980, the Minister of Labour announced the formation of the Royal Commission on Health and Safety Arising from the Use of Asbestos in Ontario. The commission is still hearing submissions, and although it acts at arm's length to the government, I feel it is making a useful contribution to the process of understanding and evaluating problems in the province related to asbestos.

However, on September 22, 1981, the Ministry of Labour came with proposed new regulations on asbestos exposure in the work place. It appears that in a somewhat arbitrary fashion those who wrote the regulations merely decreased exposure limits by 50 per cent without any consideration to the present medical understanding of cancers related to asbestos, detection equipment available or technological or process changes which may be instituted to reduce occupational and environment exposures even further.

I would like to propose 11 recommendations to the minister for his consideration and discuss the relevance of each of them. I feel that the following recommendations should have been incorporated in the minister's proposed regulations of September 22, 1981.

1. We should develop a new occupational standard average of 0.1 fibres per cubic centimetre

over an eight-hour exposure, with a length to width ratio of three or greater, and that should be established by next year.

2. A new occupational standard of 0.5 fibres per cubic centimetre greater than five units, with a length to width ratio of three or greater, should be established by January 1, 1982.

3. A new environmental standard of 0.002 fibres per cubic centimetre greater than five units, with a length to width ratio of three or greater, should be established also by next year.

4. The occupational health and engineering service of the Ministry of Labour and the air resources branch of the Ministry of the Environment should take possession of a number of the most advanced automatic asbestos monitoring units, such as the British magiscan unit, so that very precise measurements of samples taken from working conditions and the general environment may be taken to check for compliance with the newly recommended standards.

5. To assist the asbestos industry in achieving some of the recommended occupational standards, economic incentives, such as accelerated depreciation on newly installed asbestos hazard controlling capital equipment, low interest, long-term loans or environmental safety subsidies, should be negotiated with members from the industry, the Ministry of Labour and the Ministry of Industry and Tourism.

6. To alleviate economic disruptions which would be caused by the banning of asbestos, substitution of all nonessential uses of asbestos should be overseen by the Ministry of Consumer and Commercial Relations. Asbestos should preferably be replaced with nonfibrous substitutes, such as vermiculite and perlite, where possible.

7. Monitoring of the work place should be conducted by a joint group, including employee-union members, company physicians, independent physicians and management.

8. An asbestos compensation fund, to be administered by the Workmen's Compensation Board of Ontario, should be established by next year. This fund would be made up 90 per cent of money from a one per cent tax on gross profits of all asbestos-related industries in the province, with the remaining 10 per cent, computed annually and based on the above contribution from industry, to be contributed by the province in light of the fact that the province will still allow and recognize some degree of health risk associated with the continued mining, milling and production of asbestos products.

9. The Ministry of Health should maintain

health records of all employees associated with all facets of asbestos production in the province from the date of implementation of these recommendations until an employee dies. Previous occupational records, asbestos conditions under the suggested new standards and smoking habits, should be documented. This procedure will serve as a monitoring mechanism for the suggested standards.

#### 4:50 p.m.

10. All asbestos products should be adequately labelled with warnings advising of the danger to health.

11. The importation into Ontario of any product containing crocidolite should be banned.

With reference to the first recommendation, the rationale and criteria are as follows: It must be understood at the outset that in determining the effects on human health of a contaminant such as asbestos there are two forms of dose response relationships. In the first it may be assumed that there is some no-zero dose rate below which the risk of a hazard to health is zero. Thus, this relationship involves the concepts of a threshold value. In the second dose response relationship, it is assumed that there is a risk corresponding to any dose, no matter how small or insignificant.

Research conducted indicates that asbestos produces the second type of dose response relationship. Therefore, the only safe level of asbestos in the work place and in the environment is zero. Realizing this point and understanding the economic implications of banning the production and use of asbestos completely, I have determined that it is necessary to decide on some level of effect which is acceptable. In an article for the World Health Organization on the question of what is acceptable, G. Berry has noted: "This is a very difficult problem since it inevitably involves balancing the risks to health against the benefits of the material and against the consequences of demanding excessive dust reduction."

The approach I recommend is one which may be called risk-limited. In other words, the government should pursue regulations which limit the overall health risk posed by asbestos without forcing a complete ban on the material.

The present occupational standard in Ontario was designed to prevent asbestosis, not cancer. This standard, originally recommended by the British Occupational Hygiene Society in 1966, is based on data from pre-1966 studies, fitted to a long-normal dose response curve. This data led to the prediction that there is a one per cent

life-long risk of developing asbestosis, that is, a cumulative dose of two fibres per cubic centimetre for 50 years and, therefore, a cumulative dose of 100 fibres per year per cubic centimetre.

However, more recent data and other assumptions have determined that 50 years' exposure at two fibres per cubic centimetre could lead to risks of asbestosis at an order of magnitude far greater than one per cent. Furthermore, I believe that the risk-limited approach should apply not only to the risk of acquiring asbestosis, but also to other asbestos-related diseases, such as pleural calcification, lung cancer, cancer of other organs and both pleural and peritoneal mesothelioma.

These facts have been influential in determining that the new occupational standard should be one twentieth of the present standard, that is, 0.1 fibres per cubic centimetre. The standards found in recommendations two and three are also one twentieth the value of the present standards. The one twentieth multiplier has not been chosen arbitrarily. The National Institute for Occupational Safety and Health, NIOSH, in the United States, recently recommended a 0.1 fibre per cubic centimeter in US asbestos plants; so it has been done in other areas.

Furthermore, from a technological point of view, Rajhans et al. from your own Ministry of Labour have stated: "We have no doubt that fibre levels of 0.1 fibres per millilitre can be achieved. . . Collection efficiency would only be obtained by totally enclosed processing, all wet processing or some similar technology."

It is evident, based on a review of the literature, the documentation of expert testimony provided in a series of lectures in an undergraduate environmental studies course at the University of Toronto, and on the recognized need to reduce the risk of all diseases associated with asbestos in the work place, that technological process changes are required for all industrial operations associated with asbestos in Ontario. I realize that such changes will require a large capital expenditure program by the asbestos industry in order to comply with the recommended standards.

To alleviate the financial burden placed on the industry, a recommendation has been put forward for the minister's consideration that economic incentives in the form of accelerated depreciation on capital equipment, low interest, long-term and/or environmental safety subsidies, or a combination of these, will be necessary to keep the industry viable and competitive on the world market. They will ensure they have

the ability to comply with the new standards. The use of the previously-mentioned economic incentives is not new in Ontario with respect to pollution abatement. Precedents have been set for the use of similar mechanisms in the province's pulp and paper industry. To date, these measures have worked quite efficiently.

The third recommendation allows for an environmental standard of 0.002 fibres per cubic centimetre. This value represents five per cent of the acceptable present environmental standard in Ontario. Initially, it may be difficult to achieve, especially in urban areas, in light of the evidence collected by the air resources branch of the Ontario Ministry of the Environment in the 1976 report. This standard was chosen on the basis of the risk-limited approach I consider mandatory. In the general environment, not in the work place, the risk of acquiring any asbestos-related disease is minimized.

The evidence reviewed indicates persons who have never been associated with asbestos in the work place have died from mesothelioma. The environmental standard recommended in this document is attainable. Occupational and emissions standards in asbestos-related industries must be complied with and nonessential asbestos products should be replaced by other nonfibrous materials. However, the monitoring of this recommended level may be difficult with the present monitoring standards.

In order that the first three recommendations are complied with, the work place and the environment must be strictly monitored, both by the Ministry of Labour and the Ministry of the Environment. It may be expected that critics of these recommendations will point out the standard deviation of measurement can be as large as the actual standards recommended.

With monitoring equipment developed during the 1970s, this may have been the case with the low standards recommended. However, with new developments which have become commercially available at the end of 1979 and other equipment which should be forthcoming shortly, there is much promise being held to be able to precisely measure fibre per cubic centimetre levels.

It is recommended that the Ministry of Labour and the Ministry of the Environment investigate these new units. They should purchase a large number to handle future monitoring needs and provide information and demonstration of these devices to asbestos industry workers and management as well as interested



members of the public. This is absolutely necessary to impress upon critics that the government is capable of monitoring and enforcing the recommendations for the new standards. There is no need for government to be accused of passing regulations which cannot be enforced with the use of these units.

The sixth recommendation refers to the substitution of all nonessential uses of asbestos. The benefits gained by society from the use of asbestos have been numerous. However, evidence implicating asbestos with asbestosis and other diseases has spurred research and development to find substitutes. I advocate further research for such substitutes and the replacement of asbestos products with these substitutes so health risks are minimized in concurrence with the risk-limited approach I have suggested.

However, although it has been stated that "the medical and scientific evidence suggests that almost without exception the substitutes are safer than asbestos," glass fibres have been found to cause mesothelioma, which is also caused by asbestos, in experimental research of animals. Further medical studies are required to investigate possible health hazards associated with asbestos substitutes.

Most recent evidence indicates fibrous structures similar in nature to those found in asbestos may be responsible for the health hazards associated with asbestos. Therefore we recommend nonfibrous substitutes, such as vermiculite and perlite, should be preferred for incorporation in the asbestos substitute products in Ontario.

The seventh recommendation is self-explanatory. We feel a sense of a mutual co-operation between workers and management is essential in this matter. I believe the asbestos worker now realizes the health hazards of working with asbestos in Ontario and will not tolerate misinformation, nor should profits override concern for the worker's health.

In light of the fact various asbestos-related diseases will occur in the next 20 to 40 years, regardless of what standards are set in the near future, because of the latency period between exposure and onset, recommendation eight suggests the establishment of an asbestos compensation fund. This fund is to be administered by the Workmen's Compensation Board, with the money in the fund to be derived from the industry and the provincial government.

**5 p.m.**

It is recommended the industry should contribute one per cent of its gross annual profits to

the fund. This amount of money contributed to the fund annually by the industry would represent 90 per cent of the total, the remaining 10 per cent coming from the provincial government. I am sorry. Did the committee agree to adjourn at five?

**Mr. Chairman:** No, at six.

**Mr. Van Horne:** I thought it had been agreed to.

**Mr. Chairman:** It has been standard procedure in the past, but with all due respect to the opposition critic—

**Ms. Copps:** Why don't I just finish off this on asbestos?

**Mr. Chairman:** I am surprised, Mr. Van Horne, that you would want her to stop now.

**Ms. Copps:** I will finish off this thing on asbestos.

**Mr. Chairman:** Yes. Just go ahead.

**Ms. Copps:** The money from the fund would be used to compensate the families of asbestos workers who die from asbestos-related diseases. It will be essential to monitor total inputs and outputs of the fund to determine if the industry should contribute a larger or smaller percentage of annual gross profits.

Recommendation nine is designed to monitor the adequacy and efficiency of the newly recommended standards as well as to provide information into the understanding of health hazards associated with asbestos. This recommendation suggests information be gained concerning the following: previous occupational records, asbestos conditions under previous working conditions, asbestos exposure under newly recommended standards and smoking habits. The concern regarding smoking stems from the fact that cigarette smoking has a synergistic effect on the incidence of asbestos-induced cancer. Information required through the Ministry of Health monitoring program will help to increase our knowledge of this synergistic effect.

The final two recommendations are self-explanatory and, again, adhere to the risk-limited approach. The labelling of asbestos products advising of the danger to health and recommending how the product may be used with minimal exposure to asbestos fibres is of primary importance in the consumer market.

Banning of the importation of products containing crocidolite is designed to further minimize asbestos-related health hazards that have been implicated therein, albeit with question-

able scientific rigour, as having more pronounced health risks at a much lower exposure level than other forms of asbestos. It is believed there are few products presently being imported which contain this material. Therefore, the measure will have a minor impact from an economic viewpoint, while it will work towards reducing health hazards.

I believe these recommendations are sound and justifiable. The benefits to society in general and to asbestos workers in particular far outweigh the costs incurred by the adoption of these recommendations. I have carefully studied and evaluated the relevant information on asbestos. Asbestos fits the same criteria by which polychlorinated biphenyls were banned.

The benefits to society from the use of asbestos have influenced me in the decision not to propose a ban on asbestos. Accordingly, I am advocating the risk-limited approach, an approach which relies on adoption, implementation and enforcement of the recommendations I have just discussed.

I think you would rather wait to get into the next part.

**Mr. Chairman:** I will entertain any motion. We could go on till 5:15 if you would be finished by then.

**Mr. Kolyn:** How much have you got yet?

**Ms. Copps:** I am about half-way through.

**Mr. Kolyn:** We will not be done by six anyway and some of us have to leave before that.

**Ms. Copps:** Yes, I will be finished by six.

**Mr. Kolyn:** Then 5:30 would be all right if you speak a little faster.

**Mr. Gillies:** Read every other line.

**Hon Mr. Elgie:** Every other page.

**Mr. Ruprecht:** We can have it on both sides and forget to read the back.

**Mr. Chairman:** Let the honourable member finish her brief.

**Ms. Copps:** We are getting into the interesting stuff now.

**Mr. Chairman:** Is it agreed to proceed until 5:30 and then to adjourn at 5:30?

Agreed to.

**Ms. Copps:** I will talk fast. I will turn now to the problems facing women who seek jobs in Ontario. It seems to me the composition of our own Legislature illustrates most clearly the grave inequities which face both women and ethnic groups in Ontario. We take pride in our

cosmopolitan population, but how many MPPs are women? Women make up 51 per cent of the population, but hold only six of the 125 seats in the Legislature. Clearly prejudice is deeply rooted in our society. It is for this reason the government must take a clear and positive stand on the need to improve the status of women. This is an area where leadership must be taken and must be seen to be taken, especially at a time when economic hardship encourages some to see good opportunity programs as a luxury.

The labour force participation rate for women was 53.3 per cent in 1979 and is still rising. Women with children are entering the labour force in increasing numbers. There is strong reason to suppose the participation rate will rise even if the present low rate of fertility remains the same. Having entered the work force, women face 50 per cent higher unemployment prospects than men even though at this time women make up 40 per cent of the labour force. I will just throw in an aside here. I am interested in the ministry's 30 per cent quota for job prospects for women because women do compose 40 per cent of the labour force. I would be interested in finding out what causes the 10 per cent discrepancy.

The unemployment rate is even worse for women than for youth and, worse yet, the highest unemployment rate is reserved for those in greatest need—female heads of families. In October 1977 their unemployment rate was 12 per cent, while only 2.7 per cent of their male counterparts were out of work.

If a woman does find a job, the odds are much greater than for men it will be part-time work. Even more significant is that the job will probably be low-paid and monotonous and will offer little chance for advancement. Two thirds of the female work force are employed in one of the job ghettos of clerical work or the service industry. Even when women enter jobs which are traditionally perceived as male, they seldom reach the highest echelons of their professions. For these reasons a large and persistent earnings gap between men and women remains with us today.

Full-time women workers earn on average only 62 per cent of what men earn. If we were to include wage-related benefits, such as pensions, the gap would be even larger. This is not acceptable. Such a sustained and systematic earnings gap would not be tolerated in any other group with the possible exception of our native peoples; nor, may I add, would a strike situation



such as that at Irwin Toys be tolerated if the workers in question were male. Men would not be expected to work in a factory line for 10 cents an hour more than the minimum wage. When is the government going to take constructive action in this issue?

Some leadership has been shown in the area of affirmative action programs, and I commend the Minister of Labour for the initiative in this field. As the minister acknowledged in a speech on February 6, 1980, "Two thirds of Ontario's working women are clustered in low-paying occupations compared with about a quarter of working men." This underemployment of women is unfair and a waste to society.

I wish to make it clear I sympathize with the government in its desire to have a voluntary affirmative action program. Legislation does create bureaucracy and red tape, but the failure in the last six years of voluntary affirmative action programs to have significant results in upgrading the status of female workers means that strong legislative action is now necessary. The minister and the government must realize it is not enough to be well-meaning. We must take action. I do acknowledge the minister is well-meaning, but I must, none the less, question the depth of the commitment of his department.

In the past three years the portion of the budget given to the women's program, that is, to the women's bureau, the women's crown employment and the affirmative action program, has remained the smallest portion of the budget. It has increased from 1.5 per cent in 1979 to 1.9 per cent in 1980 and to two per cent in 1981. Neither the two per cent figure nor the 0.1 percentage point increase are indicative of a real commitment to the growth of the women's program. The first area in which legislative action is required is the civil service. It is foolish to expect the private sector to take appropriate action when the government itself has failed to make significant improvements in the status of its female employees.

The affirmative action program currently in place in the Ontario public service is a voluntary program designed to raise the level and diversify the occupational distribution of women crown employees. Moneys are allotted to each ministry on the basis of the number of women employed and the moneys are used for career development seminars of various kinds, publicity and information gathering.

**5:10 p.m.**

Unfortunately, this progress is having only a

very modest success within the public sector. It is illuminating to look at how the various ministries spend their staff training funds. Overall, 29,000 men and 44,000 women were sent on training programs in 1979-80. It would seem there is a real commitment to upgrading women. However, when we look at the amounts expended for that training—\$2.3 million on men and only \$1.2 million on women—the Ministry of Labour spent almost \$190 per man per training area but only \$118 on each woman. Only five ministries spent the same or slightly more on women's programs as on men's.

This is either an admission that women, being brighter than men, are easier to teach or it is a lack of commitment to the goals of affirmative action. As the minister himself has said, without the support of senior personnel women will not receive equal opportunities. I anticipate that perhaps I will be told men's training programs are more expensive because of travelling costs. This is not the public accounts committee, and I do not intend to become bogged down on the question of whether we are receiving value for money when senior management go to training seminars conveniently located in expensive hotels, but I do raise that point.

It is more important, however, to note that training programs for women are usually assertive-training and career-development courses. This type of course is all very well in its place, but its place is within the moneys allocated for the affirmative action program, not within staff training budgets. I would also point out that these courses have now been run for some years. How many times are you going to send women on communications skills courses? What is needed is management training so women can move up the job ladder.

Women have not made significant strides towards equality in the public service in the last six years. Between 1977 and 1981 women's average salary as a percentage of men's average salary has declined by 0.3 per cent. In the Ministry of Labour women earn only 66 per cent of the average male salary, almost six percentage points below the service-wide average.

In six ministries the average salary of women has actually declined in the last six years: the Ministries of the Attorney General, Natural Resources, Transportation and Communications, Correctional Services, Industry and Tourism and Community and Social Services. In only two—Management Board of Cabinet and Culture and Recreation—have salaries been sub-



stantially raised vis-à-vis their male counterparts since 1976. I would point out that Management Board of Cabinet, which has seen an 18.7 per cent increase in women's salaries as compared to those of men, spends almost \$170 per woman per training course as compared with the Ministry of Labour's \$118.

I am not satisfied with the fact that the Ministry of Labour pays its women employees on average \$17,466, while it pays men on average \$26,208, but at least the ministry is doing better or as well as 14 of the other ministries. Including the Ministry of Labour, only five ministries have increased women's average salary by more than four percentage points in the last five years and only one other has increased it by more than three percentage points.

I support the affirmative action program. I think it should be strengthened, but I must ask how successful it has been. Does the real problem lie within the individual ministry? As the Minister of Labour has said, without the commitment of senior personnel to affirmative action programs, equal opportunity will not be achieved.

I also find men hold 89.7 per cent of top civil service jobs, those paying more than \$32,000. Women, on the other hand, have the distinction of holding 88.5 per cent of jobs which pay less than \$9,000 a year. This is an increase of 10 per cent over the 1979 figures. Moreover, the ratio of women to men in the Ontario civil service who earn less than \$15,000 has tripled in the last three years. Over the same time period the same income group within the federal public service remained constant at one to one.

In light of these appalling statistics, I fail to understand how the minister can say affirmative action programs are working. It is time for the government to take legislative action to ensure equal opportunity for women working in the public sector. Such legislation would provide authority to give preference to women in order to speed up improvements in their occupational distribution and would establish penalties for noncompliance.

Turning to the private sector, we must recognize the situation is even worse. Indeed, the minister himself recognized this in his speech of September 18. He said, "It is evident that the women's bureau, set up in 1975, is not being effective in persuading the private sector to set up affirmative action programs." The women's bureau affirmative action consulting service is designed to persuade, in the absence

of legislative requirement, employers to institute affirmative action programs for women. For the past six years it has tried to do so, but it turns out only about 170 firms are using this service. That is not a very high success rate.

The minister continues to encourage the private sector to do better. He points out, quite correctly, discrimination is both illegal and economically short-sighted. He tells us affirmative action means correcting discrimination rather than instituting reverse discrimination. He reiterates equal opportunities for women can only be attained through the public commitment of senior management to this goal.

The minister is perfectly correct in all of this. Unfortunately, he is saying nothing we have not heard before. What the past six years have taught is that we have not made significant developments in equal opportunity. It may well be that some 170 Ontario firms have some kind of affirmative action program, but the figure is meaningless until we look at the results. The results, I can tell you, are small.

One of the conclusions of a survey conducted by the women's bureau of employees with affirmative action programs reads: "Measurable results reported as the result of affirmative action activities undertaken were few. There were 541 positive responses to a question asking for specific strategies implemented. Of the 541 responses, only 64, that is, 0.11 per cent, yielded measurable results."

It is now evident programs which focus on education and attitudinal change, although worthy, are inadequate. The present voluntary program has failed to deliver major change. We must develop some kind of legislated program. The Liberal Party recognizes, however, such a program cannot be developed immediately. It must be phased in. We, therefore, support the recommendations of the Ontario Status of Women Council that we develop legislation requiring employers to provide public disclosure of data on the number of women on their payroll and the percentage of payroll women receive. There will be those who agree such a program will reduce profitability and create administration problems.

On the first point I would tell them to examine the records of the American Telephone and Telegraph Company which has met affirmative action goals without any reduction of its profits. On the second point I can only say it is irresponsible to allow short-term problems to deter us from resolving major social inequities.

These programs would also help overcome

the problem summarized by the caption, "Equal Pay for Work of Equal Value." Women in the work force face the problem that not only are they discriminated against in terms of promotions, but they are often paid less than men who do substantially the same work. This definition, being broad, permits continued discrimination. In addition, since pensions are tied to earnings, women who live longer than men are not properly prepared financially for retirement.

I cannot agree with the minister that the 1974 Employment Standards Act provides sufficient protection for working women. At present the minister waits for complaints to come in and relaxes when they do not. Such an attitude ignores the fact that female workers fear retaliation from their employers. Inasmuch as only about 20 per cent of the women's work force is unionized, this is not an unjustified fear. The minister should introduce legislation which would permit a more rigorous enforcing of the Employment Standards Act than is now possible. If we do not act now, we will not end job ghettos and wage differential.

A standard argument used against the employment of women is that women's first priorities are their families. It is claimed this makes women unsatisfactory and unreliable employees. I will not waste the time of the committee by bothering to refute this argument, but it does raise the question of the quality of our working lives.

Today we are realizing the stress and strain of the rat race may cause ulcers, cancers, heart attacks and early death. More and more people are coming to appreciate it is important to work in a humane and caring environment which permits flexibility. Such an environment reduces unnecessary stress and thereby increases productivity. We, therefore, recommend that the Ministry of Labour and the government take the initiative in introducing a less structured working environment. This would include flexible hours, job-sharing and a six-hour day, which could permit women to return home at the same time as their school-aged children. A comprehensive child care policy is also necessary.

We shall explore further the possibilities of maternity and paternity leave with or without pay. I draw the committee's attention to Sweden where either the mother or father may take nine months' childbirth leave with 90 per cent of normal wages. We are all familiar, of course, with the recent contract signed with the postal workers, giving women paid maternity leave.

5:20 p.m.

In his speech of September 1981 the minister acknowledged the problems women face with the advent of microtechnology. This technology may well eliminate the traditional female jobs of typist, clerk, mail clerk, et cetera. Every word processor eliminates four to six clerical workers. British studies indicate 16 to 25 per cent of all office jobs will be lost in the microelectronic evolution. A French study suggests that figure could rise as high as 30 per cent. In a Canadian study Cameron Smith estimated the loss of 2.5 million jobs. That would mean the loss of five to 10 jobs for every job created in the new technology field by 1990.

It is also worth noting that the introduction of these new technologies can have a very deleterious effect on worker morale. A case in point was the attempt by the Canada Post Office to introduce automated letter service. The experiment lowered morale and grievously damaged employer-employee relations. Even more important is the fact that while the losses would be in women's jobs, the gains would be in areas dominated by men.

The most complete Canadian study of women's employment and microelectronic technology has been done by Heather Menzies of the Institute for Research on Public Policy. She found clerical jobs were being eliminated, while the new openings were in male-dominated technical areas. Menzies also found productivity does not always improve with machines since women office workers are efficient and productive. It might be more appropriate to replace management personnel if efficiency is desired.

Another problem with this new technology is the health hazard posed by the emission of radiation from video display terminals. This question has not yet been resolved.

Given all these problems, I must raise a number of points. Is the government going to proceed with its computerization program, given that computers create unemployment, lower morale and may be a health hazard? I suggest this is an area where the government should not follow technological developments blindly simply because they are there, but must at the same time thoroughly investigate the problems.

I would also ask why government programs continue to train women for clerical jobs, instead of directing them into computer operating and maintenance careers. If the minister wishes to demonstrate a real commitment to equal opportunity, he will direct his own staff to change their thinking and encourage women to take up these new career avenues.



Before I turn to another subject, I would like to address the concerns of women who live and work in northwestern Ontario. Our northern communities are underprivileged and underdeveloped. Plant closings are frequent, almost weekly occurrences. They are even more serious than shutdowns in southern Ontario because so many communities are one-industry towns. An industrial strategy for the north which would encourage the development of secondary industry is required. Unfortunately, I do not see much room for optimism on this score, given the government's record. I do, however, urge the government and the ministry to take some constructive steps to improve the status of women in the north.

Women in the north face a high record of unemployment. Of those with a university education, 14.6 per cent are unemployed. A major cause of such unemployment is the attitude, still perpetrated by government, that women are only dependants of men. In practical terms this means that women are largely excluded from northwestern economic development plans. It is time for this to change. Women have traditionally been denied jobs in resource industries, such as mining, logging and farm work, on the grounds these were men's fields. Instead, women have been compelled to remain in low-paying sales, service and clerical jobs.

The government should now develop programs so women can learn to be carpenters, electricians or operators of heavy equipment. Affirmative action programs to facilitate women's entry into better-paid crafts, trades and primary industry occupations should be inaugurated. Manpower training programs ought to move into the small communities so people who live outside Thunder Bay can also benefit from programs run at the taxpayers' expense.

Finally, let me give you a reason for training women that may actually convince you. It will probably help the men. As I said, a major cause of northern economic distress is the lack of secondary industry. A major reason for the lack of secondary industry is the lack of skilled workers. If you train women, who have high records of unemployment in the best of times, in necessary skills, you will go far in attracting secondary industry.

I still have a bit more about handicapped employment opportunities. I do not know whether you want me to go on.

**Mr. Chairman:** I am sure the members of the committee are quite eager to hear it.

**Ms. Coppes:** If you want me to, I will continue. It will probably go on for quite a while yet.

I would like to turn now to the problems we face in the area of employment opportunities for the handicapped. After long consultation with handicapped members of our society, I have found that most of them do not feel their handicap is the most limiting feature in their lives. They feel, rather, that society's attitudes towards their handicap is a far more serious roadblock than any physical limitation.

The employment problem for the physically handicapped is a serious problem. Even if society or government is able to solve or eliminate some of the logistical or physical problems, handicapped individuals will still feel downgraded from a personal and emotional standpoint if they are not employed. This is a question of self-esteem.

The high unemployment among the handicapped is inconsistent with their abilities and good employment records. A Canadian Chamber of Commerce report on the employability of the handicapped indicated that the physically handicapped were rated as good or better than regular employees in level of production, attendance, turnover rate and quality of work.

Another study found that in such areas as safety, 96 per cent of disabled workers averaged a better safety record on and off the job. In insurance they found there was no increase. In the area of adjustments to the work place they found these were minimal. In fact, most employees required no special services whatsoever. In the area of special privileges the disabled employees did not want to be singled out with any special privileges, and fellow employees did not view certain privileges, such as preferential parking, as a problem.

In job performance 91 per cent of disabled employees rated average or better. In attendance 79 per cent rated average or better. In turnover 93 per cent rated average or better.

The picture I am trying to paint for the committee is that a handicapped worker is just as good as or better than the nonhandicapped worker. Some of you may think that is a common belief. However, I cannot stress enough that this is not the case. The Ontario Human Rights Commission says that very few other minorities suffer as much discrimination in employment as the physically handicapped. In the Life Together report the commission says, "The human rights of the physically disabled have not been adequately respected in Ontario."

They go on to say, "Over the years many of the physically disabled have in one way or



another been segregated from the rest of society. However well-intentioned this practice may have been, the result has often been a denial of the human rights of disabled people and the loss to society of the contributions these people could have made. Even though we recognize there are some jobs that are beyond the general capacity of disabled workers, we see the disabled as being denied jobs that they are more than capable of doing. Steps have to be taken now to remedy the situation. Legislation is needed to protect and enhance handicapped people's rights as human beings. Ontario has started in this general direction with its handicapped employment program and amendments to the Human Rights Code."

On the handicapped employment program I wanted to bring to the minister's attention a poster that was done for the handicapped employment program which featured a black woman in a wheelchair writing at a desk. Although I thought the poster was trying to make a point, I also thought it went overboard in one direction. Someone sent me a note saying the only thing missing was to have shown her as being lefthanded. I hope this poster is no longer circulating.

That aside, we are happy with some of the work the government has been doing in this general direction. However, we believe that it has not gone far enough. In denying accessibility in the issue of the human rights bill, we have denied the handicapped person the right to job opportunities.

Under the present proposed legislation, if it goes through, which I assume it will, if a blind person cannot see to fill in an application, then he can be denied employment with no recourse. It would not be discrimination for an employer to require a person in a wheelchair to come for a job interview to a personnel office which is inaccessible. The act says everyone must have equal opportunity. How fair is that to the blind worker?

The major problem for some people with this notion of reasonable accommodation is the cost factor. This, I feel, is not justified. Physical accommodations to make offices, plants and other locations compatible to the handicapped individual need not be expensive. The submission on Bill 7 to the resources development committee by the Canadian National Institute for the Blind pointed this out adequately.

**5:30 p.m.**

Their submission included the findings of a study carried out for the office of civil rights in

Washington which proved beyond a doubt that most accommodations can be made in the employment of handicapped individuals with little or no cost to the employer. Based on 271 examples of reasonable accommodations examined during the study, they found that more than half involved little or no cost and only 8.1 per cent involved costs of over \$10,000.

The government does not go far enough in its own handicapped employment program. Consultation is not always the best answer. The government should give incentives or tax breaks to companies that hire handicapped workers. These incentives could be for such things as technical changes to new machinery needed to accommodate the handicapped person. There could be interest-reduced loans to handicapped people, for example, to start their own businesses.

We realize that you cannot legislate socially responsible behaviour. We are not asking for mandatory quota systems or the like. We are only asking you to give the handicapped person a fair chance at a job. One way to do this is by ensuring that job applications are not discriminatory. Parts of applications which ask for medical backgrounds should be checked, as we discussed in committee, to see if the information is really necessary for the position being offered.

It is very important for the disabled worker to get the first interview. Too many employers get off the hook of having to face a disabled worker simply because they have prior knowledge of the disability. These employers can justify without challenge that the disability will affect the job performance without really knowing from the disabled worker whether he can fulfil the position. If faced with a disabled worker, the employer can better judge his or her qualifications. Employers can generally give very plausible reasons why they cannot hire the handicapped, and these must be checked.

On the other side of the scale, tokenism can be as much a problem. Even though the civil service is encouraging the hiring of handicapped employees, injustices may occur because someone who can promote a disabled worker finds a reason not to do so. The government must set goals to work towards. These goals should consider helping handicapped persons get into more responsible positions. The government is clearly not doing enough in this area.

Too many handicapped persons are slotted into areas for which they are overqualified because of the inexperience of the job interviewer. There are still tendencies for those who

engage themselves in the placing of disabled workers to concentrate primarily on finding jobs on the basis of what they understand the disabled can do, rather than finding the job which best suits the capacity of the individual.

The problem with these interviews is that they still relate physical capacities with mental capacities. Consequently, the process of fitting the worker to a job which can be performed by the disabled person means that many handicapped persons with skilled knowledge or experience may be condemned to performing simple, underproductive work with inevitable loss to society.

What are the costs of allowing the handicapped more access to employment opportunities? I would suggest to my colleagues that there is a higher cost in not allowing them access. The Quebec division of the Canadian Paraplegic Association conducted a cost study of how much the provincial government would save in welfare payments and gain in tax revenues if paraplegics on welfare could find jobs. They found that the government could save up to \$5,000 per year per individual if these individuals were working only at minimum wage. These findings clearly suggest that the government should do a cost analysis on just how beneficial it would be to society if these individuals could find jobs. A greater number of welfare claimants would disappear from the rolls if the handicapped could find jobs.

What has been the government's response to these inequities? A handicapped employment program was established in 1978 to maximize the employment opportunities for physically handicapped citizens, but what does this program really do? I would suggest that it is but a gesture on the part of the government, a government which is not really concerned about the less fortunate in our society. The budget for the handicapped employment program suggests this. The ministry's commitment to the handicapped program in this, the year of the disabled, amounts to only 1.2 per cent of the ministry's budget.

Almost 60 per cent of the budget is spent on salaries, benefits and consultant fees. One of the more important areas, advertising, gets only 3.6 per cent of the program's budget. Conferences, which are another way to promote the skills of the handicapped, receive only 16 per cent of the program's budget. The other section, which includes other services and transport, receives a total of 16.4 per cent. Surely conferences and advertising are more important than transporting officials around.

The other response of the government is to congregate the handicapped into sheltered workshops, to hide and shelter them from society. Some of these people are paid below minimum wage to do tasks well below their mental and physical capacity. Although these workshops give the handicapped some employment which they might not otherwise have had and demonstrate that many disabled workers who had been regarded as burdensome on the community could become valuable working members after training, they still alienate the handicapped person from the rest of society. Thus, they limit the value of the work and the educational experience for the handicapped individual and society at large.

We are not asking that these places be closed down. We only ask that they become more humanized and reflect a commitment by the government to narrow the disparities between the wages paid to the handicapped and the other members of society. Disabled persons can become useful members of society in this way and cease to become a burden on it.

I want to bring you to my last point, which I do not have in typed form, and that is the issue of the white paper on workmen's compensation. I think it ties in very well with the notion of the disabled worker because many who will be affected by this legislation are people who have not been able to carry on in the productive job market as the result of a work injury.

There are areas of the government proposal which we endorse, certainly the laudable notion that the ceiling for the calculation of covered earnings should be increased to 250 per cent of the average industrial wage. However, we fail to see how the government can make a distinction between those who are involved in new injuries and those who are involved in present injuries. Under the proposed legislation those with previous injuries would be restricted to a ceiling of 125 per cent of the average industrial wage.

Likewise, the notion of paying a disabled worker temporary total benefits on 90 per cent of the net wage rather than 75 per cent of the gross wage is a step in the right direction. We do not feel, however, that there should be a 10 per cent illness disincentive. We do not agree with the argument in the Weiler report that that 10 per cent cost would be a cost normally incurred in being employable. In fact, if a disabled worker or a temporarily total disabled worker were forced to go, for example, to physiotherapy on a daily basis, he could incur the same kind of problems and expenses as he would if he were in a normal employment situation.

We have some very serious concerns about the wage loss system proposed by Weiler simply because we think that there are two key elements that will be very difficult to monitor. One is job suitability and the other is the deeming provisions in wage losses.

We realize that one of the problems facing the Workmen's Compensation Board is the proliferation of bureaucracy. We feel that a new system, in which a suitable job would be a component in determining a worker's future and eventual compensation, would create another echelon of bureaucracy and would reflect more difficulty than we already have in the Workmen's Compensation Board.

We have to ask questions. We have to ask who deems what is a suitable job. I am sure if you asked every person on this committee that question, you would come up with nine different answers. We feel that is the kind of problem that is going to be facing the Workmen's Compensation Board if and when the white paper proposal is adopted.

We also disagree with the notion that the benefits for permanent disability be terminated at age 65. If we trace its historical origins, we will see that the Workmen's Compensation Act was originally brought in to replace the kind of long-term litigation that would be required if an employee were injured on the job and wanted to sue his employer. It was seen as a method of doing two things. First, it was a speedy compensation system for an employee. Secondly, it was intended to replace his right to sue or his right to litigate.

Although the workers' compensation benefits reflect for the most part the amount of money that the worker would have been making at the time, it is also fair to assume that if a worker is on a permanent disability pension, he will certainly not receive the same kind of pension benefits that he might have in another situation. We feel that the post-65 benefits should accrue for two reasons. One is the loss of the quality of life and the loss of his right to litigate. The second is the loss of potential pension revenue that he would have received had he been working at a more rewarding job for the period up to age 65.

We have other concerns with the proposal. I think the minister will be meeting with some of the injured workers' organizations. They pointed out that under the new system, as far as a lump-sum is concerned, widows who are under the age of 40 and have no dependants will

receive a significantly lower amount of money in the new system.

**5:40 p.m.**

In one sense, in insurance terms, I can understand the rationale of the minister bringing in legislation which, for example, would see a 20-year old widow with no dependants receive a greater amount of money, presumably because if she had had a wage-earning husband for a period of time, he would have brought in a greater amount of revenue. However, we also have to take a look at the social consequences to a woman of age 39 whose husband is killed on the job and the social impact on such a woman, who may not be working, who may be a dependant. Under the old system she would have received a benefit of \$77,000, which was approximately \$4,000 less than her 20-year old counterpart and which reflected the difference. Under the new system a 39-year old, childless widow whose husband is killed on the job would receive \$44,000 as compared to a 20-year old who would receive \$61,000. There seems to be a gap of almost \$17,000, which is simply brought on by the mathematics of calculating benefits under the new system.

We have many other concerns with the new proposal. We feel there are some areas where the government has certainly made some positive steps. One is in the notion that the employer and/or the Workmen's Compensation Board should carry on with unemployment insurance and Canadian pension plan benefits for a certain period of time. We find that has certainly been a problem in the past and the white paper does address that problem.

However, the other critical concern we have is with the notion of an independent medical review panel. We have some concern about such a panel if it tends to be long-standing and, although not in the employ of the board, if it is appointed. We have found from our experience that compensation doctors have too much control and too much say in the decision-making at the WCB. I, as an MPP, may take one of my constituents to the WCB, and I may have one or two specialists in my community who support a worker's contention that he has an ongoing disability as the result of a work accident. I have seen instances where two specialists in Hamilton have been overruled by one WCB doctor, and that is not acceptable.

We agree that a new corporate board with outside directors should be established. Basically, we would like to see a far more detailed



breakdown of the deeming provisions and also of the job suitability question. While those two components attempt to address what we see is a critical problem, namely, the problem of workers who are not able to carry on with suitable jobs or who are not offered suitable jobs in a post-accident situation, unless they can be refined to the point where there is not going to be a tremendous development in the bureaucracy, they will not be acceptable. As the government and the minister know, money spent on bureaucracy and money spent on determining what job is suitable is not money spent on the worker. We will certainly be

watching the white paper with some very serious concerns.

**Mr. Chairman:** Thank you, Ms. Copps. I would like to ask whether or not you will be continuing your response or whether we will resume next Monday with Mr. Mackenzie.

**Ms. Copps:** I am finished.

**Mr. Chairman:** I must remind the members that we will resume our meeting on Monday after routine proceedings, probably in the same room.

Thank you, Mr. Minister and representatives of the ministry. We will see you on Monday.

The committee adjourned at 5:45 p.m.

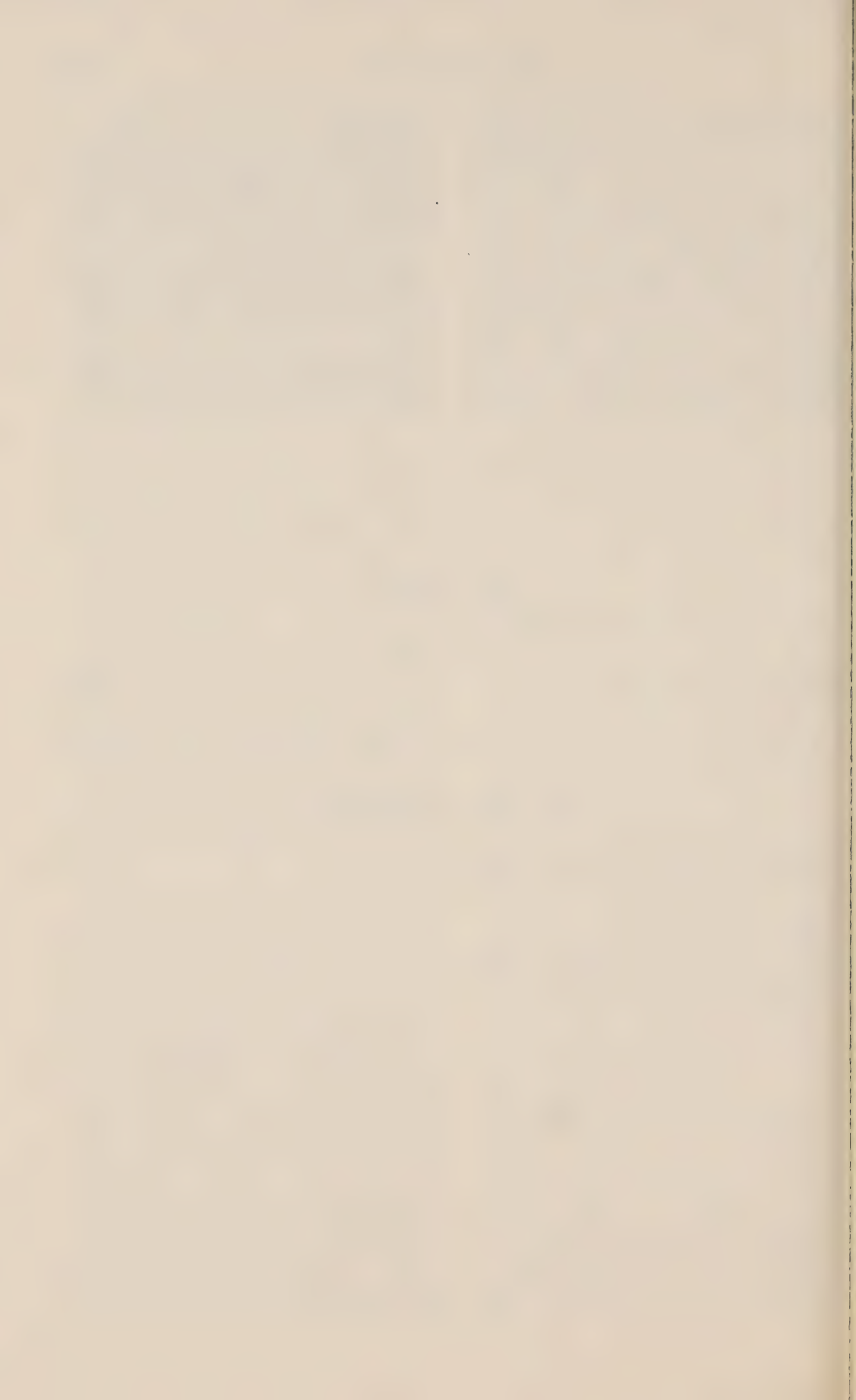
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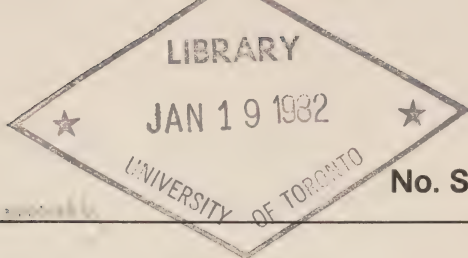
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No. S-32

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**

Estimates, Ministry of Labour

**First Session, Thirty-Second Parliament**

Monday, December 7, 1981

Speaker: Honourable John M. Turner

Clerk: Roderick Lewis, QC



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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Monday, December 7, 1981**

The committee met at 3:39 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF LABOUR

(continued)

**The Vice-Chairman:** With the indulgence of the members of the committee, I think I see a quorum. As I recall from last Wednesday's sitting, Ms. Coppins has completed her opening statement so we will turn the floor over to Mr. Mackenzie.

**Mr. Mackenzie:** Mr. Minister, at the risk of getting as good back as I can give, recalling a couple of past occasions when I had some criticisms of the ministry, let me simply state that I was looking at the comments made a year ago and the year before that and I am really beginning to wonder if the transformation is not almost complete and if you have not really been worn down in the ministry. Maybe you have been there too long.

A year ago I pointed out that while you were still expressing your concerns on any number of issues we raised, as I put it in the estimates, a bit of the bounce seemed to have gone and a much more combative approach was evident. That was a year ago.

I think that previous defence of yours—I think you almost had a trademark on it—"I share the member's concern," or, "You know my concern," was really preferable to some of the angry lectures you tried to deliver today in the House and the comment, "The honourable member knows full well." Let me tell you that in many cases the honourable member does not know full well or accept as facts some of the points you try to put across in your lectures in the House. I do not think the bluster, forced or otherwise, is a credit to you or the members who quite often resent being lectured and talked down to and do not appreciate the tactic.

**Ms. Fish:** That is right, we do not. We are not appreciating it now either.

**Mr. Mackenzie:** I do not give a damn whether you do or not, so that had better be clear right from the word go.

Let me make it very clear that if you want to

play that kind of tactic in the House, then feel free, but you will make a sad mistake if you reject the very real concerns that members of the House are raising about what is happening to working people in Ontario. It is sad to say but we are almost back to the Bette Stephenson era in charge of the Ministry of Labour and I am not very happy with that kind of situation.

Having said that as a beginning, Mr. Minister, let me also say that in some areas there have been some improvements, some innovations and a few pleasant surprises. Where these have occurred, we give credit. I think some of the decisions of the Ontario Labour Relations Board have been excellent. Radio Shack is a case in point and I have read one or two others in recent days that give me some hope in that area.

I am always fearful, when I raise the names of any individual people in your ministry, that I may be getting them in trouble, but I have to say I continue to get full and excellent co-operation from John Scott in the employment standards branch. We have raised a number of difficult cases where he has been helpful and co-operative. Mind you, we have not accomplished a hell of a lot in what the workers were about in the cases I have raised and where we have ended up going to court over them, other than convictions for what were obviously smelly and dirty deals.

I think Enzo Haulage was one of the classics we have just finished in court in Hamilton. I still do not see, out of that, where the \$36,000 the drivers were out is going to come back to them. I find it incredible, even if there is an element of the receivership that enters into this, that a company could, within two weeks of going into receivership, have got back all of their equipment, their trucks, their front-end loaders, gone right back into the same three plants, operating with a new batch of drivers, presumably at lower wages, and doing the same job and doing it for almost a year after they have gone into receivership. At the same time there were some 27 or 28 drivers who were out \$36,000 and a number of other benefits to the board, as it turned out in the case the employment standards branch finally took to court, and there were

union dues, you name it, that have not been paid by this company.

I do not know why we run into problems in receivership that allow such an obvious, totally unjust situation to occur. I do not know what it is that allows that same company, after six months of operation on the basis, as near as we can tell from the receivers, that they simply have back all of this equipment that was part of the receivership agreement on the understanding they will maintain the upkeep and then—I am not sure, I have the letter here somewhere, I will look it up, but it was either \$40,000 or \$50,000—buy all the doggone equipment back from the receivers after six months.

As I understand it according to my information, they have been disposing of the stuff since, which was something I made Mr. Scott aware of long before the court case you people finally nailed them on. As I said, I give credit for the amount of work that went into a very difficult situation. I just totally fail to see how someone can operate in that manner when they were nailed and nailed good—they were found guilty, as I understand it, in the deal, but it is a question now of whether the assets are there. I think they have milked what was left of the operation since, Mr. Minister. There is something haywire there.

I think also, in some of the difficult situations we have had recently, that Mr. Pathe, the assistant deputy minister, industrial relations division, takes his job seriously and tries his damndest. Mind you, I still think Vic has a little bit of a problem in relating to the political facts of life and should not get so uptight if he does not get the first announcement out when necessary action is finally taken by the ministry in volatile disputes.

I am referring to the little argument we had over the Irwin Toy situation. That case is so obvious, Mr. Minister, that whatever we can do—and it is apparently not much in the face of management that just does not give a damn—should in my opinion have been done with earlier than it was and before people had to ask, “Hey, is there no avenue at all that is open to us in a case like Irwin Toy?”

Having said that, let me tell you the successes and the initiatives that do exist are nothing to inspire complacency. Indeed, as far as I am concerned they are, frankly, the very minimum workers can expect from the ministry. But as I told you in 1977, Mr. Minister, and I tell you again, the ministry does more in many areas to

perpetuate the master-servant relationship in this province than it does to blaze new trails of independence and workers' rights.

I think some of the cases we will get into and the situation we have with workers and plant closures will underline that fairly effectively. I think it is still long past time that we had a ministry that is a champion of workers' rights in this province rather than a neutral arbitrator in management-labour disputes.

I know you have made the argument with me before that you are there to try and resolve disputes in a neutral fashion. I would like to know the ministry in this government that really does act as an agency that workers and their organizations feel they have friends within, if you like, or which is willing to go to bat and not play a strictly neutral, arbitrary role. Working people in this province bloody well need that kind of an ombudsman.

I understand it is an area we differ in substantially and as far as I am concerned the reason probably is the fundamental difference in our approach to labour relations in this province.

It is not my intention to go very long in these remarks and I do not intend to get into as many individual cases in these estimates as I have done in the past, although there are some I certainly intend to use. I do want to cover, simply and with anger, what I really feel are some of the fundamental problems we are facing that are a key to the future of worker relations in this province and to emphasize both major and minor problems that surface again and again.

I make my comments with some frustration and as one who has witnessed the lack of action by your government on issue after issue that I and others have raised in every one of the six years I have been in this House and, sadly, that have been raised for some years previously by my colleagues.

I have to ask, where is this government in terms of the massive and relentless wave of layoffs, both temporary or indefinite and permanent? Where is the government in terms of plant closures?

We had a committee just starting to come to grips with the serious and long-term issue of notices of layoff, justification for layoffs and corporate responsibility. This government, with an electoral majority under its belt, destroyed that committee—that is about the only thing you can say—and thumbed its nose at efforts that have been made by both opposition parties



to revive it, so the serious issue could be dealt with and not have facing us a boasting of the realities of the March 19 election when we try to get into what the committee was trying to deal with in Ontario.

I sometimes am more than a little angry when I hear one of your colleagues, Mr. Grossman, talk about all of the jobs they have created, a certain number of which the simple economics of the province and the growth of the population are going to create in any event. I wish sometimes he would break them down into definite and indefinite jobs, because I have here, among my material that we will get into a little later, a list of some of the companies our research people took a look at that were the recipients of loans or grants and that were supposed to be providing new jobs for people in the province.

In the vast majority of companies on the list, employment is either the same or down since the initiatives were announced in the House. I do not know what happened to the jobs they were supposed to create. I sometimes wonder how many such programs the government claims to have in place in fact exist.

**3:50 p.m.**

I am not sure how far we might have got, especially now in a majority government situation, but when we rejected the re-establishment of the committee on plant closures we were telling workers that their problems and their communities can go to hell. We were telling them they would have to accept what the Progressive Conservative majority government was willing to do, which in many cases was simply nothing.

When we speak of the devastating effects of mass layoffs of workers with families to feed and mortgages or rent to pay, the minister talks about Ontario having the finest layoff legislation in North America. But, Mr. Minister, I have not found a worker who can eat that fine legislation, or one who has very much use for your frequent praise of it in the House.

We are seeing the signs of the deindustrialization of our province. We see automobile and auto parts plants closing and thousands of workers gone. Thousands more will go if some of the studies are accurate and if this government cannot see the value of Canadian content legislation.

I read with interest a piece prepared by our research people on the Mexican experience. Unless I am reading it totally wrong, they are making us look like fools. We do not seem to

have the clout to enforce our fair share of auto parts production and our dollar deficit grows apace with the human deficit of workers in this province.

We put money into refurbishing shoe factories and then we initiate policies that shut them down. Of course you can put some of the blame on the federal authorities, but I am thinking of the shoe people in my own area. I met recently with some of those workers. We also put canning plants out of business and workers out of jobs and then proceed to pave over first-class farm land and import peaches and tomatoes when we could, and have in the past, produced them in quantities which almost meet our total needs in this province.

I really cannot understand what is going on. We sell control of our industries and resources to foreign buyers and then wonder at the profits going out of the province and out of the country. In the plant shutdowns committee, as you know very well, Mr. Minister, we sat and listened to decisions being made to close Canadian plants, to the detriment of Canadian workers and their communities, by parent companies outside the country.

As long as I live I will never forget two of these cases. One was SKF, which we have already spoken about. We learned in the course of those hearings that the company had sat down with its workers and their representatives in West Germany and Sweden and told them, months before anyone in Canada knew about it, that they were going to be closing the Canadian operation and where most of those operations would be moved.

Probably the classic case was the Bendix affair, although others might disagree and put others before it. Several hundred workers, with as much as 40 years' seniority, worked in that plant. We heard Robert Smith, the Canadian president of the company, tell us that, yes, they had made a profit almost every one of the 41 years they had operated in Windsor, that, yes, they had done some refurbishing and modernizing of the plant and, yes, it was a profitable operation.

As Canadian president Mr. Smith thought he could make it even more profitable. But instead he received two weeks' notice from the head office in the United States asking him to justify keeping the Canadian operation open. As the Canadian president of the plant he told us, in the hearings before that committee, that the bottom line was the corporate profit and loss statement and that because they had excess production

capacity in the American plant he could not justify continuing the Canadian operation, even though it was a profitable and money-making operation. So he could not give them a reason for not closing down the Bendix plant.

When that can happen it says something about the kind of clout we have in this province. Afterwards, we import the parts. We do not worry about the several hundred jobs that were involved or about the costs to the community involved. There are other plants, but that one, to me, exemplifies the seriousness of the problem we have to deal with.

That, Mr. Minister, expresses part of my anger over the actions of this government which says: "We have a majority now. To hell with that committee, we won't re-establish it. We don't have to face people who might ask embarrassing questions about these serious problems."

We give millions of dollars of taxpayers' money to existing companies but do not have the sense, or the guts, to demand equity and firm guarantees that we are buying job protection. The examples are legion—McDonnell Douglas, Ford, Chrysler, Massey-Ferguson, Admiral, to name just a few.

I was talking to some of my friends from Brantford just last evening. Two or three of them have been at the last three United Auto Workers schools, which is a paid educational leave program of UAW in which they put the workers through a solid three-week program. The discussions were very interesting. We took some flak over the way we voted and the arguments we made in the House about guaranteeing loans to Massey-Ferguson because we wanted equity and some guarantees of employment. I think what happened there indicates that we were not too far wrong.

The message is getting through, loud and clear, to the workers who are involved there, because one or two of them were among my critics last week. One of them said, "I sure have a different perspective on it now." We really must face up to the consequences of our lack of action on guarantees and safeguards in return for the financial moves this government makes affecting workers.

When serious and thoughtful suggestions are made, some ministers bluster and try to deflect what they consider criticism. I have heard the cry, "socialist sillies," from across the floor. And always, Mr. Minister, you reaffirm your faith in private enterprise, the individual and profit, I am not sure in which order. "Hail to private

enterprise, jealously guard my right to the profits and the devil take the hindmost," seems to be the going philosophy.

I mentioned thoughtful suggestions. Let me outline a few in the full understanding that this government does not accept them. We filed a full employment bill and a job security bill in the House and I will want to go over one or two points in them.

Let me remind the Minister of Labour of his government's crushing of the committee dealing with the whole area of layoffs and closures. I often wonder if the minister or his staff had a say in that decision; if he or they said, "This is not the proper thing to do," or, "We know we have a serious problem here; this government should not be moving in this manner." It would be interesting to know what kind of input came from the Minister of Labour in the killing of that committee.

As you know, we filed a bill in the House which would have established full employment as an economic goal of the provincial government. I know we would get BILD as an argument from this government, but I am unable to see anything in the BILD programs put before us to date that establishes as a requirement that the government should be required to use all available means, including private and public investment, to create jobs for Ontario residents.

I suppose the first commitment to putting sizeable amounts of government dollars into private interests where for the first time we have some equity is the Suncor deal. But we cannot find any evidence before us as to how we can afford those dollars at this time, how we are going to get any jobs out of it or what it does for Ontario. It may, in fact, do more for Alberta than it does for Ontario.

Certainly the 25 per cent we put into the damned thing does not give us any effective control. The Deputy Premier (Mr. Welch) made that very clear when he appeared before our committee. Furthermore, the government does not want any effective control. That makes us nothing but a milch cow for Suncor and that is not the kind of approach we are suggesting.

Another requirement of the bill I mentioned is that every year this government should have to present the Legislature with an economic plan setting out, among other things, the target date for achieving full employment, or a review of job creation programs. That would be really nice. I am hoping that we can get Mr. Grossman, somewhere along the line, to list all such



initiatives that have been announced over the past period of time and which ones have actually created jobs.

We should also receive from the government an outline of the economic trends that affect the level of employment, an analysis of unemployment by region, industrial sector and groups, such as women and minority groups. The economic plan should be studied by a new legislative committee on economic development which would have power to initiate a study of economic problems in the province.

I do not see anything radical in those suggestions, which are set out a little better in the bill itself. I have simply summarized some of them. Some of them already exist as requirements in other countries.

**4 p.m.**

I mentioned our amazement at learning in the plant shutdowns committee that SKF head office was required by legislation to discuss with its workers its plans for the plant in Toronto long before the workers here were told it was going to be shut down. However, we have done little or nothing in Ontario by way of a full employment strategy.

A job security act was also introduced in the House by my party. It would have created a job protection board which would hold public hearings, examine proposed layoffs and plant shutdowns and report whether the layoff was justified.

The key area of the discussions before us in the plant shutdowns committee had to do with the branch plant closures where we had little or no input. In two or three cases—the situation in Essex Wire in Dunnville comes to mind—the situation was preposterous. Not even Canadian management could find out what was going on in the shutdown decision that was being made outside the country.

Surely we can move at least as far as to have the right to some justification for closures. This right exists in many countries in the free world and I am not talking about something as strong as the French legislation in this regard. Otherwise, how are we going to protect workers against the kind of plant closures that we are seeing in Ontario today?

Our proposed act says the board should have the power to stop a corporation from moving machinery out of the plant and, if the decision to close is judged unjustified, the board can require payment of wages to employees for an extended period, or for the sale of the plant to a company, crown corporation or to employees so the plant can remain in operation.

That is probably going much further than this government would like. But tell me how saying "please" and "thank you" to the private enterprise system is achieving protection for workers in this province. I cannot see any positive results from that.

The act would also establish a community adjustment fund which would be used to create new jobs and development in communities affected by layoffs. This provision recognizes that corporations have a responsibility to the communities where they are located, as well as to the workers they employ.

You may be able to trot out some examples of that responsibility, I do not know. Apart from the SKF situation, where at least a year's paid notice was given to some of those laid off, I have not seen much that really takes into account what a shutdown of a major plant means to the people in the community, such as the shutdown of Bendix in the already hard-hit Windsor, or a number of other communities where this has happened.

I have not seen any corporate responsibility that says, "It cost this community X dollars for schools and the services and the facilities that were set up for the people in the area; we have some responsibility for that community." I do not see any evidence of that in what is happening.

This bill would have legislated a severance pay of one week's pay for each year of employment. We have dealt with the question of severance pay to some extent, although we obviously have a problem in the case of receiverships, as we found out in the Admiral case.

The proposed act extends notice requirements when layoffs and shutdowns occur. Under current Ontario legislation, the maximum notice to employees of a pending layoff is 16 weeks. The notice requirement under the New Democratic Party legislation would be raised to 26 weeks where 50 or more are affected. We have moved a little bit in that area, as well.

Under the act companies would have to pay relocation costs of laid-off employees if the layoff is unjustified. We have not as yet taken as good a look at it as we should. I have always been amazed at the kind of allowances for relocation, retraining and moving that are available to Swedish workers, for example. I do not know that they are so much richer than we are that we could not take a look at some of the protection that exists in that country.

The act would also require that laid-off employees be given first chance to take jobs that



open in other Ontario plants owned by the employer. Then there is the whole question of pension areas, but I want to deal with that separately. Many of the requirements in this bill are similar to those in jurisdictions such as Mexico, West Germany, Britain and some other European countries.

Part of the parcel of bills we moved in our attempt to deal with the problems facing workers in Ontario was the women's economic equality act. It would establish affirmative action programs for women and create an equal employment office to make sure these programs are effective.

Women, who now make up only a fraction of one per cent of people in programs other than those for hairdressers, would get their fair share of places in skills training and apprenticeship programs. This would open up to women occupations from which they are traditionally excluded. It would also establish day care as a right, recognizing that women will never achieve economic equality without adequate care for their children. And men and women doing work of equal value, with similar requirements for skill, effort and responsibility, would be paid equal wages.

The same provision was contained in the private member's bill of my colleague, Ted Bounsall, the former member from Windsor. That bill was killed by this government, as you know, after the Legislature had first accepted it in principle, with penalties which we now may be getting some movement on for sexual harassment in the working place.

These were not wild and radical suggestions but positive suggestions made in the House and made seriously by our people. I am not fooling a damned bit when I say we feel fairly strongly about them because we are not seeing the response to the needs of workers in plants closing across this province, most of which it appears have been rejected totally out of hand.

I was interested in your answer to a question asked you in the House the other day. Actually it was a question that was asked by one of my colleagues and I used it to deal with the Allen Industries case. I will read the question to you. It was on December 1 in the House where I was redirected to you at the request of the Treasurer (Mr. F. S. Miller). I asked:

"Mr. Speaker, is the minister aware, in the case of the Allen Industries plant, that there has been no communication between the company and the union regarding the difficulties the company is in"—that is laying out in any long

term or suggested way what the heck is going on and what they might do—"that some workers on permanent layoff are receiving only half an hour's notice; that eight years' seniority is the average for those being permanently laid off; and that there are no pension plans and no severance pay involved?" That applied to many of these workers.

That was raised with us by the president of the local. Whether he has all the information down or not I do not know, but he certainly went to some pains to lay out some of their concerns. I asked if this was part of the BILD program and whether it did not make a case for content legislation and for justification of plant closures.

Mr. Minister, your response was: "Mr. Speaker, the member knows full well that we have within our ministry a plant closure division and a director who, through a consultant or through his own staff, consults with industry with regard to closures to assess the justification for them."

"He also knows full well that we have in this province measures with regard to termination of employment that are second to none in North America. We do not need to take second place to anybody in this country in terms of the concern we have over closures."

That is the point I made to you earlier: I have not found very many workers who have much confidence in that or that they feel they can eat the kind of protection they have.

I simply want to know—and I will not go into all of them because we filed them on the Order Paper in the House today—but I want to know, in view of the minister's statement that they look into unjustified plant closures in the Ministry of Labour, will they assess the justification of plant closures in Ontario?

Will the minister table the ministry assessment of the closure of UOP Manufacturing Limited in North Bay? Will the minister tell us what he did in the closure of Spun Metals Limited, Concord? Will the minister tell us in the course of these hearings and in answer to the questions on the Order Paper what kind of investigation they did in the closure of Moore Corporation Limited in Toronto? Will the minister tell us how much input they had and what they did in the closure of Lamson and Sessions of Canada Limited here in Toronto?

Will the minister tell us how much input his ministry had into the closure of Canadian Admiral Corporation, in Mississauga, Cambridge, London, Ottawa, Hamilton and Toronto? How much say did you really have, in advance, in the

closure of that, although I understand your argument is that it really was a receivership deal?

Will the minister tell us about and table the assessment he made of the closure of Lakeland Mercury Sales Limited in Peterborough? Will you tell us your assessment of the closure of K. D. Shaw Investments Limited of London, Ontario? Will you tell us your ministry's assessment, what you did, in the closure of Jaguar Rover Triumph Canada Inc. in Burlington? Will you tell us what the ministry did in asking, is it justified, is it necessary, do we really have to go ahead with it, in the closure of Husky Truck Stop, Lively, Ontario; or of the closure of Hilkron International Steel Limited in Mississauga?

Will you table the assessment of Gulf and Western (Canada) Limited in Windsor? Will you table with us what your ministry did in assessing and giving us some kind of reason or justification for the closure of Granger Pre Fab Limited in Scarborough, Ontario? Will you take a look at the closure of Fine Art International Furniture Inc., also in Scarborough and what kind of input the Ministry of Labour had in it; or in the closure of E. D. Smith and Sons Limited, in Hamilton, in the continuing saga of shut-downs in our canning industry in this province?

Will you table your assessment of the closure of Dometic Canada Inc., in Oakville; or the closure of Dearborn Steel Tubing Inc., in Goderich; or the closure of Canadian Cannery Limited, in Rexdale? I really want to know how much input the ministry had and how much you did about getting an assessment in the closure of Carnlea Company, in Inglewood; or the closure of Burgess Battery (Canada) Limited, in Niagara Falls; or the closure of Belvent Limited, in the Parry Sound area; or the closure of Aztec Steel Manufacturing Inc., in Mississauga; or the closure of Arctic Sports Products Limited, in Rainy River?

#### 4:10 p.m.

In all of these I am asking for the assessment your ministry did, which I presume in your answer is your excuse or reason for some kind of justification procedure you have in the province.

What about the assessment of the closure of Arctic Gardens Inc., in Trenton, Ontario; or your assessment of the closure of Wheatley Manufacturing Limited, which is now being discussed, in Wheatley, Ontario; or the assessment of the closure of the Westminster Hotel Limited, in Toronto? I know I had some

discussions with the employment standards branch and we did achieve something in the way of severance pay for a few of the workers.

What about the Union Carbide Canada Limited plant, in Toronto, or the closure of TRW Canada Limited, in Don Mills? In all of these companies, all of which had employees involved—or the closure of Twinpak Inc., in Mississauga—what kind of an assessment did we actually get for them, Mr. Minister?

Or the closure of Superb Sportswear Limited, in Toronto, or the closure of Somerville Belkin Industries Limited, in Scarborough; surely we must have had some justification for that one.

What about the closure of the Royal Edward Hotel in Thunder Bay and the workers who were involved; the closure of Phoenix Paper Products Limited, in Weston, Ontario? I think some of my colleagues raised that matter.

What about the closure of Phillips-Parkway Corporation in Toronto; the closure of O-Cedar Canada Inc. in Stratford, Ontario; the closure of Harbourfront Corporation, Toronto; the closure of Gilson Brothers Company (Canada) Limited, Mississauga; the closure of E. J. Wright Central Company Limited, Strathroy; the closure of Direct Lumber Company Limited in Scarborough; the closure of Co-operative Health Services Limited in Scarborough?

I am presuming once again, because of your answer in the House, Mr. Minister, that you took a look because there are workers involved, in large or small numbers; that we went through this kind of justification procedure you told us you had when I raised the question in the House about Allen Industries.

What about the closure of Continental Kitchens Limited, Concord; or the closure of Canadian Worsted Manufacturing Limited in Scarborough; or the closure of Cameron Packaging Inc. in Wheatley, Ontario; or the closure of Blue Bell Canada Inc. at Carleton Place; or the closure of Ault Foods Limited in Scarborough; or the closure of Agincourt Motor Hotel Limited in Agincourt; or the closure of Sheller-Globe of Canada Limited in Deseronto, Ontario; or the closure of Selco Mining Corporation in Ear Falls; or the closure of Schick Manufacturing in Toronto; or the closure of The M. Stone Clothing Company Limited in Toronto; or the closure of Millhaven Fibres Limited in Cambridge; or the closure of the Electric T-Shirt Company, Toronto?

Mr. Minister, this is a partial list we have been preparing since you gave us the answer in the House last week of the fact that you have a



closure procedure. There is no question in our minds that the conditions and the circumstances of some of them will justify closure. But before you tell us, in blanket fashion, that you have the finest legislation and the finest procedures already in place in Ontario, we want to know what you are actually doing to justify the closures before you reject out of hand the kinds of suggestions we have made concerning the legislation needed in this province on plant closures.

I am really asking the minister what startling advances his ministry has made, knowing that for a couple of years we are facing a real downturn in the economy and a real problem in terms of plant closures and worker layoffs, as a replacement for the serious kind of bill we put forward. I understand our differences. You are not going to accept those kinds of suggestions. We are waiting for the answer, we are looking for it, we have not seen it in the House as yet.

I really wonder also whether we have learned anything from the anguish, the agony, the fear and despair among workers generated in the long, bitter Fleck deal, the Radio Shack situation, the Blue Cross situation, or whether they taught us nothing. Why now do we have an Irwin Toy situation and why is the only answer we can get now in such a situation that we have to go through the same kind of fuss and hassle that we went through before the board, as successful as we were, at least in the Radio Shack case, before we get some measure of justice for the workers involved in that situation?

I have not been as angry in a long time as I was when I got the report of the disputes advisory committee on Irwin Toy and when I looked at what you were really recommending to the employees in that case. I understand the frustration of Mr. Joyce and Mr. Meagher because they had an SOB of a bloody plant owner and manager who just did not intend to allow his workers to have any protection in that plant.

You know, a starting rate of \$3.50, \$3.60 after three months' service in the classification, \$3.70 after six months' service in the classification, my God, is sick. It is 10 cents over Irwin's offer made to the employees there, and there is some heavy labour. If you look at the rates for some of the more qualified trades in the plant, the highest I can find anywhere is the press setup of \$8.90 an hour. They certainly were not overpaying anyone in that plant.

When I look at the minimum achieved in some health plan protection—the basic mini-

mum seniority provisions, you name it, that were recommended at that plant—although I am probably once again putting someone else on the spot and maybe you will have to deny it, I am quite certain that the disputes advisory officers, both Mr. Meagher and Mr. Joyce in that case, thought they had the company's agreement.

The offer was so damned poor they are paying one hell of a lot more to bring in the scabs and pay the cost of the bloody drivers and trucks and armoured vans they are using and the costs they are running into to maintain that kind of strike situation. They are paying a hell of a lot more than they would if they settled with the workers in that plant; and I am sure they thought they had a settlement.

But what did Mr. Irwin do? In effect, what he said was, "To hell with you." As I said in the House, he literally thumbed his nose at the labour laws of this province and at the right—more so than at the law—of workers to have free collective bargaining and a union of their choice. This follows the pattern of some of the others and he is making a mockery of the bloody labour legislation of this province.

Where it is so obvious you cannot dispute it, when someone has just said, "In my plant, those workers do not have any damned rights whatsoever," at what stage of the game are we going to say, "You cannot do that in Ontario"? If it is not first contract legislation, Mr. Minister—and I realize our differences over it; I did not start out thinking that was the panacea, let me tell you. I am still not sure about it, but I think I would give it a try so you can say to some of these rotten beggars they are not going to get away with the kind of exploitation of workers that is going on.

I think it is worth a try at least. Give us an alternative to dealing with these long dragged-out deals where you may or may not maintain the unit when you have 30 people, almost all women—and by God they have shown guts and courage in that picket line—who are taking on the full weight of the abuse and stonewalling they are getting in that operation.

I do not know what you have to do to prove bargaining in bad faith and I do not know if or when the charges have been laid before the board but, Mr. Minister, he has been a little bit smarter than they were at Radio Shack in that he has not made some of the same kind of outrageous statements or threatened people. As you know, they were threatened at Radio Shack. It is part of the reason we won the damned case. He has been a little bit smarter



than that but, if anything, more diabolical and clever in just deciding, "To hell with those workers."

I am telling you, Mr. Minister, there is an obligation on the part of this government to say, "You cannot just be so obvious in turning down the rights of workers in Ontario."

Mr. Minister, when irresponsible and contemptible management bloodsuckers use human beings, who are paid at minimum rates of pay for heavy labour, and use a rule of economic fear, how long can this government accept the approach of, "If you do not like it, go and get a job somewhere else"? How long can this government not do anything? What does the pledge mean in the Labour Relations Act that not only allows but encourages workers to organize and to engage in collective bargaining for an agreement in this province, when you allow them to be treated as Irwin is treating the workers at Irwin Toy?

I just say again, have we not learned anything, and how many times do we have to go through a Fleck or a Radio Shack situation? You know, although I think what happened at Blue Cross was a tragedy, where we have finally gone through all of it why do we not learn from that?

Let me tell you, workers suffer and workers fear. I have talked to them and we have used a number of arguments. We have used a film that clearly indicated, in the Radio Shack situation, some of the fear the workers go through, the months of pressure and threats that no one in a free society should have to put up with. Why do we not learn and not have to see it happen over and over again in Ontario?

Let me tell you clearly, Mr. Minister, if nothing else happened, an Irwin or an Irwin Toy would not laugh at the workers and the legislation in this province were it an NDP government or were there an NDP Minister of Labour. If I could guarantee nothing else, I could guarantee you that, because if that was the way they were going to treat the workers they would not be in business.

As I said earlier, Mr. Minister, we need a solution to this problem. If it is not first-contract legislation—and we have heard your arguments on that before—bring us in legislation that will resolve it. Do not tell us we can handle it with the current legislation because it is obvious we cannot. If we are not going to do that then justice in terms of workers at an Irwin Toy is just an illusion.

4:20 p.m.

Legislation to make it easier for workers to organize, automatic certification of 50 per cent, no employer status before the board, no counterpetitions—these are not far-out arguments, they are arguments we have made before in these estimates, Mr. Minister. We still have nothing near them.

Why do workers in a legal strike not have some kind of security? Why can scabs still be used to violate the rights of those on strike within the law in the province? Other provinces have dealt with this. We have not moved in this area in Ontario.

Why can companies in a branch plant head office use their export capacity to undermine collective bargaining and legal strikes? Mr. Minister, I raised with you in the House the situation at Canadian Home Products in Niagara Falls. Let me tell you, there is no question in the minds of the 200 office and plant workers involved in that operation that the quick, organized and efficient way in which American Home Products Corporation moved the trucks and delivered the Chef Boy-Ar-Dee products to the stores and their customers around Ontario was the tool being used to say, "To hell with you people, we do not have to bargain with you," or, "We will wear you down through this kind of economic leverage from the use of our ability to export to this country."

Mr. Minister, I am telling you that may turn out to be one of the growing threats to the ability of workers to engage in free collective bargaining in this province. I think the situation applied also at Wabco before the American plants went out, and now I suppose it is a question of which side they can wear down first.

The Stoney Creek situation in my area was one in which the workers clearly felt—and you only had to go out and talk to them on the picket lines or in their homes and I have done that extensively with them to understand that they felt it—the head office, American Standard, was using its ability to export the materials to Canada to put them in a position where they really did not have to worry about any hurry in dealing with that strike.

This is a concern and the minister should recognize it—and it is one that is beginning to be talked about in the labour movement—of workers and their jobs and it simply has to concern the Minister of Labour here in Ontario. It once again underlines the question of where is the protection of the workers? Why is it that we seem to have most of the protection on the side of management where they can use these kinds

of tactics? Why are we still saddled with one of the lowest minimum wages in the country? Why do workers not have a fraction of the clout the corporate world has?

You only have to look at the minimum wage in Ontario and its tortuous path upwards—we have usually been last in catching up—to recognize the relative insignificant clout of workers with this government compared to the clout of business. How many times have we raised what I consider to be the theft of tips from waiters and waitresses by management? How many times have we listened to you talk about the studies undertaken? You obviously have not accepted the arguments of the workers involved in this situation because we still do not see any action to guarantee that they get the tips.

Why, with all the talk of the disabled and the proud boasts of the government over the human rights code legislation, do we still have people suffering from a variety of ailments and who cannot get jobs? Let me once again deal with the problem of epilepsy and in particular the problem of a young man I previously raised, I believe, away back in 1976 in my first set of estimates.

I am talking about Randy McMann in my own riding, who today, I think, is working at a pretty low wage for the March of Dimes people, one of the few jobs he has had off and on. He has the minor form—whatever the hell you call it—a mild case, not a major case of epilepsy. But he gets it every damned time he fills out an application. I do not know any young man who has filled out more applications or who has worked harder at looking for work. I have raised his case with other people too and I get a good report on his manner, dress and everything else. But why do we still have someone who feels the system in the province of Ontario has totally passed him by?

I have had a number of such cases, even as a member, and to be very honest with you, you almost cringe when you see them coming. Some of them have had a history in our mental institutions. I had two of them in my constituency office this past Saturday morning alone, but ones who have been in to me before, ones who have lost their original employment—one of them had worked at Eatons for a number of years—for a variety of reasons but have never been able to get back into the job market. Some of them feel hardly human any more and have totally given up on this system.

I mentioned one of them in the estimates just last year and you can raise his name, I will not

raise it again; I had him in again today. In his frustration he made a rather dramatic appearance before the OPSEU committee that is going around the province on the problems of people who have been through the mental institution route in Ontario. His concern is, "Am I not good enough for some kind of a job somewhere?" We have not done it in Ontario, Mr. Minister.

Even though we have had some slight movement in this, why are we still waiting for domestic servants to be covered under the Employment Standards Act? What is the holdup in at least covering them under that act?

Once again, Mr. Minister, let me ask you for a shred of justification for the situation the workers at the Wellington mushroom farm found themselves in. I have been waiting a couple of years now to get some answer to that. They have a regular work week, as I have outlined before, production line, time cards, cafeteria—they punch their cards in at the cafeteria—identical conditions to their brothers organized at the soup factory owned by the same company, Campbell, not too far down the road. But they are excluded from the right to organize because of some stupidity, Mr. Minister, in this ministry over the broad definition of agricultural workers.

I was under the impression a number of months ago that you were going to look into that, Mr. Minister, and see if there was not some—my God, I am sure it could be done by an order in council. It at least could be done by some minor change in the exclusions that I am damned sure our counsel could come up with very quickly—and give you people credit, if necessary—on behalf of the Ministry of Labour to see that workers in a plant operation like that mushroom farm clearly have the right to organize, as almost 70 per cent of them wanted to, Mr. Minister. They have been denied by the laws—and this is why I point out my frustration with what we are doing with some of the laws in Ontario—by the labour legislation in Ontario.

As I said, if you had really had clout and concern—because this does not seem to me to be a big philosophical argument with anyone—you would have long ago brought in the legislation that would cover the better than 150 workers involved, or an exception, or some action to see that those workers, who so clearly want the right to collective bargaining and certification, could have had it at that operation.

I thought, Mr. Minister, that was the one case which really would prick your sense of justice and fair play and that we would have had



legislation long before this. I really do not know why we do not have it. I cannot conceive of why we do not have the legislation which would protect the workers in that particular situation.

Mr. Minister, I would hate to spend a lot of time on a difficult strike situation in my own community that has just ended. I am talking about the Stelco situation. I recognize that was not an easy one, but there were a couple of fundamental questions involved in that situation and without passing total judgement on them I think there is an obligation within your ministry to take a look at them.

I am dealing with the problems that some of the retired people had with some of their benefits when the strike took place. I had thought that those benefits were the right of workers totally and I do not know why some workers were denied some of the additional coverage they had. I am talking now about the retirees in that company.

I would like to read into the record a letter to me and I am presuming it went to you and others. I would be very surprised if it did not. It is from Cec Taylor, the president of the local, and was sent at the beginning of that strike. He writes to me—and I am reading the letter into the record, Mr. Minister:

"I am writing in regard to a very serious problem which concerns 16,000 of our members, of whom 75 per cent I would suggest reside in the city of Hamilton. These 16,000 members are employees of Stelco Inc. and on a legal strike." This was at the beginning of the strike, Mr. Minister.

"Stelco Inc. has, of July 31, 1981, cut off all group insurance coverage and life insurance to all these members, plus their dependants. During negotiations between Local 1005 USWA and Stelco it was uncovered, and to which Stelco Inc. agreed, that there was a surplus of over \$5 million in the group insurance program from the previous agreement, which would provide approximately three and a half months' coverage, continued medical, dental and life insurance coverage, for our members.

"As you can see, we are not asking Stelco Inc. to use their money to provide group insurance coverage for our members while on strike, but the moneys that were negotiated in the previous agreement, which the members gave up in wages, so as to provide themselves and their dependants with a group insurance program. At present, we have at Local 1005 USWA set up a medical benefits committee which is to provide emergency drug and dental coverage for our

members. We have also contacted representatives of OHIP, who told us that there was no immediate concern because we will still be covered until the end of October.

**4:30 p.m.**

"The immediate concern we have is that of August 31, 1981, there will be no life insurance coverage for our members and statistics show that there are an average of five deaths a month among our members. We have been in contact with the superintendent of insurance for the province of Ontario, but we have received no real advice or information in regard to whether Stelco Inc. has not only a moral right to provide the above moneys for medical coverage, but also under the agreement for a group insurance program and the insurance laws of Ontario that the action they have taken is legal.

"Enclosed you will find certain letters pertaining to the above issue and also a copy of the agreement for a group insurance program between Local 1005 USWA and Stelco Inc."

There are additional letters here concerning the concerns that were raised by some of the pensioners in that case.

Mr. Minister, I do not know but that may have all been resolved in the course of the contract talks or negotiations, but what I am saying is the kind of benefits that exist in that kind of program and the kind of benefits that have been negotiated also, even where there are additional benefits for retirees, are, as far as I am concerned, something that belongs to the employees from the day the contract and the arrangement was made, whether they are administering them or not, and therefore should be available for the employees to draw upon.

I would like to know what the minister's position is on that request.

Why do we have a loss of severance pay for the de Havilland workers, Mr. Minister? We have raised this in the House how many times? Why are they the least of the chattels on the list of creditors when an employer goes into receivership? I just cannot accept your answer to date, which was it was really a federal matter and we are doing what we can to deal with them.

We had drafted a bill which probably does not cover it adequately, but the counsel told us it was not impossible to cover, although there might be some questions asked as to whether it would do the job we were asking it to do. If we could go at least that far with it, why can there not be initiatives provincially to resolve this problem that every time we get into a receivership situation, it is the workers who get the



bottom end of the stick? Why are their wages and their benefits not the top priority over and above all else in any kind of a bankruptcy case—and they should be as far as I am concerned?

That, I suppose, is fairly startling—putting the rights of workers and what they have already earned ahead of the capital that may be involved in that plant. But, Mr. Minister, it seems to me it is not really that radical a proposal. Those workers have given their time and effort; they have a hell of a lot less going for them in a bankruptcy case than the first creditors do and they probably have a hell of a lot more at stake in individual terms than have one person, two persons or a company—and in most cases they have protected a number of their assets through a variety of arrangements anyhow—when a plant is going into receivership. There is nothing there really to protect the workers involved.

Can the minister give us any hope—and we will deal with this at much greater length, Mr. Minister—in terms of the five-year waltz we have been through on toxics and other substances? Before we finish, I want to read into the record again the time frame you gave us on the various substances, one or two of which we have added to. The first of these we started talking about in these estimates in either 1977 or 1978 and we were supposed to have been finished a couple of years ago. I know of the changes in legislation and the arguments we have been through, but we do not seem to have them yet in firm terms in Ontario, Mr. Minister, not even the very first batch.

We really have concerns—we have raised them with you—about noise levels going higher than we think they should and where we know there is hearing damage. We have concerns about the lead levels, which—I hope the rumours are not true—might be 150 micrograms rather than 50.

We are still waiting for the coke-oven emission standards. Incidentally, Mr. Minister, the question which has been raised with me, not only by my colleague—I am not sure if he has raised it in the House yet—but by a number of people who have contacted me in a hurry is whether or not the rumours they hear that only those who are employed full time on the coke-oven batteries will be covered under coke-oven emission standards is accurate and whether or not the proposed legislation you are bringing in for coke-oven workers is going to exempt those who may only do repairs or be brought in part time.

I bloody well hope that is not the case, Mr. Minister, but already I am having an avalanche of calls from people who have long been concerned with this situation and this rumour—if indeed it is just a rumour—that is around in the community.

It seems to me that with almost every standard we are talking about in this first batch we are seeing some effort to water down what we expected in the way of protection for workers in Ontario. It makes me wonder about the future of what we thought we had in Bill 70 and the road we thought we were going in Ontario concerning toxic substances.

Mr. Minister, in the same area—and we can deal with it at greater length under the safety and health vote—why do we have a situation such as I ran into, and which I am now sure you have been apprised of, at Airways Communication in Hamilton? I could not believe my ears as I went through the situation.

I had a call that just caught me in the office as I was going out on a Friday afternoon, Mr. Minister—not from one of the workers, they are not organized, but from the owner of the plant. He told me he had in the plant a smell which they cannot identify and which had been bothering them—and increasing on a daily basis—since the previous Monday. On Wednesday he had called some of the city people and one of the things they had done was to check the sewers but could not find what was causing the problem.

I got a call from the owner on Friday afternoon and he said, “You are my last resort”—I had not met the gentleman before. He said, “Can you do something for me?”

I asked, “What is going on?” He said: “I have been trying for a week to find out what the problem is. I finally got hold of the safety and health division of the Ministry of Labour in Hamilton and the inspector”—and your own records will show who it was—“told me, after I had explained the problem to him”—and let me add to it. He said that on the Friday they had one employee who became sick and threw up; it was getting severe enough that they were starting to have this kind of discomfort and problem. The plant owner said, “I was told the inspector might be able to get in to see me the next Wednesday.” He asked: “Am I legally responsible? Should I shut my plant down? What do I do?”

Dr. Robinson was out of town but I immediately got hold of her division and, I will give them credit, within an hour they were there. Unfortunately, for some reason or other once

again communications broke down and he was on the telephone to me again the following Friday because there was no clear, definitive response, other than they were going to do some air testing, that they thought they had found the problem—and I think they have, in a lack of equipment in another plant backing on to this plant. But it did not get reported to the people involved and the following week additional people were ill and he still has not got the answers to it. Not only that, it was suggested to him that maybe it was no longer the ministry's problem and that he should now go to the Ministry of the Environment because there was no complaint from the plant which was causing the problem and therefore how could they really deal with it?

I want to tell you I got a very quick response. Within an hour of my call here, someone was into his doggoned plant in Hamilton on that Friday afternoon. But where in God's name was the sensitivity of that damned inspector, no matter how busy he was—and that is the excuse that has been given to me—who tells an owner of a small plant who calls him—a man who has a week-long problem, who does not know if he should close, who is not sure of his responsibility and who now has people getting sick—that they will get someone in the following Wednesday?

My colleague, Elie Martel, has raised a number of cases, Mr. Minister. There are just too many questions that are starting to be asked about the protection we have under that legislation.

I really do not know how you respond to something like that. I sure as blazes want to know what we do. It may turn out that the situation is not serious in the long run, but at the time they did not know, the workers were certainly suffering from nausea and they were certainly fearful. As a matter of fact, when I went into the plant the following Saturday two of the workers in the plant told me that, regardless of what the owner of the plant had said, if the condition was there the following week they were moving out, because they were scared and they just did not know what the hell the problem was.

Mr. Minister, I dealt briefly with the human rights bill and we will deal with that basically under the estimates, but there are a number of things I do want to raise with you. We have gone through weeks of debate on this bill and really I sometimes wonder what we have gained.

My problem, Mr. Minister, is that in my checking with people I find human rights

enforcement in this province is totally inadequate. I want you to know that people are losing faith. That was the first thing I got from the Ontario Federation of Labour when I phoned them and had quite a long talk with them about this in the past week. Some of the people in the ministry itself, or connected with it, have raised the question of the enforcement.

People are losing faith in human rights protection as it is now, even without considering the new Bill 7. If we cannot provide the enforcement, the reaction and the investigation quickly enough with what we have now, what guarantees have we when we broaden the area that is supposed to be protecting people that we are going to be able to respond?

The minister well knows that since the buck is supposed to stop with him, he has the responsibility. If a complaint is filed—they tell me it has improved slightly but until very recently it could be six months before it was even processed, let alone resolved. I tell you that, Mr. Minister, is a total farce.

**4:40 p.m.**

There has been some slight improvement in that delay, but some of the improvement I am also told is because people have stopped complaining. They are too disappointed to file a complaint.

I do not want any attack on the commissioner herself but I just wish we had put in charge of that commission someone who had some understanding of the vitality of that section of the Labour ministry at this time in Ontario. I am talking back a year or two now, with a growing awareness of the kind of multicultural mosaic we have in our province, a growing awareness of the rights of women, a growing awareness of the rights of the various ethnic and coloured groups in our community, a growing awareness—I hope, sincerely—of the rights of individuals in our community and, if I can say it, with all of that growing awareness of the needs for protection under human rights, a growing backlash that we have seen from some groups in our society who cannot accept the threat to some of the traditional roles in our society and who feel threatened by the changes that may be there.

Why, with all of that emerging—and I think it has been obvious for a couple of years it was starting to happen in our province—do we not have someone in charge of the human rights section who really can act as an ombudsman?

Mr. Minister, I am no Tory supporter at all—it is fairly obvious, I suppose—but I have to tell you that at least in one case I have really



rather admired a Tory at the federal level and I am talking about Gordon Fairweather—and I am not sure he has had all of the answers. I do not know enough of his total actions to judge how much good is actually accomplished, but I do know that at the federal level he has achieved recognition and status, that he is seen by people as acting aggressively and taking initiatives, that he certainly speaks out on issues of concern, and that he certainly acts as a conscience for the country and a true advocate of human rights.

My God, were I in your position, Mr. Minister, I would have been proud had we someone who was seen as that kind of an advocate in Ontario, who spoke out, who raised the issues, who initiated action, who was a true champion in terms of—I think of the times we are going through and the desperate need for change. I ask you, what have we really heard from the commission in terms of initiatives, conscience or actions? My God, it has been blasé at best in this province. I think that is something we should not be overly proud of.

Why, Mr. Minister, do we have so many little problems that still keep coming to us in this province? Why is it that the Ministry of Labour cannot respond to the situation, which has been raised before, at the Canada Packers plant in the west end of the city? Why is it that workers there are being suspended and being harassed because they have to take washroom breaks? Why are they being told that they can have one per day?

Why do I have to have people write to me—and I have sent you a letter or two recently; I have had three different employees write to me now in a very short period of time. One of the letters sent to you recently, Mr. Minister, concerns an employee in west Toronto who feels that the workers' safety and health is at stake, who tells me that the practice of shadowing employees and timing their restroom breaks continues in the plant.

You will recall there was some media attention to this problem not too long ago. I am told that the situation is getting worse, that workers have been given reprimands, that 30 and 40-year veterans of the plant have been subjected to harassment concerning their washroom breaks.

Temperatures in much of the plant are low. In one recent letter an employee told me how he wore long underwear, a heavy jacket, the company's jacket and sometimes a jacket over that in the operation he was in. The cold was still requiring him to take more than one washroom

break and he was threatened with dismissal—I believe some of them have been dismissed—if he took extra breaks.

Although I believe the union won this grievance, I understand that one woman who had a doctor's note asking for leniency was docked a day's pay as discipline, even with the doctor's note that said she was going to have to visit the washroom more than once.

I say to you, Mr. Minister, as I did in the letter, that notwithstanding any action the union may be taking—and I understand they are fighting these grievances and raising the matter continually with the company—is there not some obligation on some division of your ministry to intervene, under whatever section of the act is necessary—and I do not care if it is safety and health, or human rights or you name it—to say that what we are really asking for here is common sense and not this stupid kind of a hardline approach that we are running into?

I have had the question of a shorter work week raised with me by a surprising number of people. I have heard again—and I know some of them are long-standing fights and some of them may be even individual crusades by certain workers—the feeling of workers that discrimination does exist in notices for employment that require, among other things, that only recent grads apply. They figure that gets at them if they have five or 10 or 15 years in the auditing field.

I know you have had correspondence, Mr. Minister, from Intercede, the International Coalition to End Domestic Exploitation. One of the things that has been raised with me, and I raise it briefly, is the question of domestics and their dissatisfaction with the actions that have been taken to date by your ministry.

I have copies of some of the letters they have sent to you and some of the points they are making. I think they made their case. It is another one of the cases about which I am so damned angry, for it seems to be one of the more obvious injustices on which we cannot get some action.

I do not know what we say to workers—and let me use another local example—when they come to me. Two of the three workers left in the kitchens at the Hillfield-Strathallan College came into my constituency office this past Saturday. Unfortunately, only one of the three involved is in my constituency, but that is where they ended up.

Their story to me is thus: "There used to be four of us on a part-time job working four and a half to five hours daily washing the dishes at



Hillfield-Strathallan College. We had additional work, including some of the heavy pots and pans, added to our work load. Then just recently the school let go one woman and told the three of us that we had to do the work.

"Since we had to take over the entire operation it has taken us as many as six and a half, seven, and seven and a half hours to complete the work. We have now been told they expect us to do the work in the four and a half to five hours it previously took four of us, and they have added some more heavy lifting to our job.

"We have complained to local management. They tell us if we do not like it we can leave the job. We have phoned the Ministry of Labour. We do not have a union and they tell us there is really nothing the local office of the Ministry of Labour can do about the situation."

The women involved are between 50 and the late 60s. They need their jobs. One of them told me she did not care. She would go public, she would do anything she could, but her husband would no longer take the kind of treatment they were giving them. But because the other two needed the job so desperately and because it is essentially a part-time deal, there was no way they could really organize a union, which I told them was what they really needed in that situation.

As one said to me as she sat in my office: "Doesn't anyone protect us, or can they just do that and our only option is to quit? If we do quit then, as you know, Mr. Mackenzie, we have a hell of a job qualifying for UIC. We will wait at least six or eight weeks if we have quit and we cannot qualify for UIC."

There is a need for some kind of an avenue in these situations for people to get more, when they call the ministry, than just the response, "Really, we understand, we sympathize, but there is nothing we can do for you in your situation."

I am going to write and raise hell with the board of Hillfield-Strathallan and I suggested they do that as well, but we are probably risking the jobs of the people involved when we do it. I simply say to you, Mr. Minister, it is yet another example of the fact there is nowhere near the kind of protection needed for workers in Ontario.

I will deal briefly with another point, because I just would not feel proper if I left it entirely for our debate on the safety and health estimates, Mr. Minister. I have to raise with you the actions we were supposed to have had in 1979-80.

I am not talking about the noise, I am not

talking about the lead, I am not talking about the asbestos—all those things that are, supposedly at least, at the table stage with arguments being made on them, but in 1979-80 we were to have action on arsenic, chromium, benzene, acrylonitrile—I am not sure if I have that correct—amines, diesel emissions, toxic substance labelling, carcinogens policy and cadmium by 1980-81, and we are now at the end of 1981 and I am into the third set now, Mr. Minister—tetraethylene, styrene, nickel, organic phosphorous, pesticides, hazardous waste handling and one other which I cannot pronounce, by 1981-82.

**4:50 p.m.**

The next set: epoxy resins, chlorinated hydrocarbons, fire retardants, organotin compounds—we are so far behind what we were told we would get three long years ago in the estimates that it is not even funny. I really wonder how we can say it is the most open procedure—which is usually your defence—or we are going through all of these procedures and we want to make sure we have the right standards. Some of them, as you know, even though they have been challenged in the courts, have been in place for three to five years in the US. Something is wrong with the way we are moving in this area, Mr. Minister.

Although I was going to go through them, I will not do so because I used that long list of plant closures in Ontario, some of which, as I said, will be justified and some will not, to find out what you actually did in the way of justification. But you only have to look at the numbers involved. We get a weekly update from our research and it gets sadder and sadder as we go along.

I wanted to raise one or two other items, but I think I am going to leave them for the individual votes. I have given an outline of some of the frustrations I have run into, Mr. Minister, some of the more serious problems on the overall question of any kind of policy to deal with workers in Ontario, as well as the ongoing saga of individual cases where workers do not have protection. I submit to you the rather sad record in the health and safety field in terms of toxic chemicals and contaminants is such that I do not have the faith the minister would like us to have in what is going on within the ministry.

I think I have underlined the fact that we have some serious problems which we have not dealt with adequately or quickly enough. I would hope the minister will give us some idea that he really does see these as problems. If he does not

see them as problems, let us clearly know so we can let people know he does not consider them as such.

**Mr. Chairman:** Thank you, Mr. Mackenzie. I understand, Mr. Minister, you will now be responding to the comments from the two opposition critics, Ms. Copps and Mr. Mackenzie.

**Hon. Mr. Elgie:** Thank you, Mr. Chairman. First of all, may I turn to the opening criticisms of the labour representative of the Liberal Party.

Ms. Copps, in her opening remarks, expressed concern that this party might be turning to the right and was obviously greatly distressed that there may be disastrous effects on basic human rights of workers as a result of her perceptions of a turn to the right.

I would just ask her to look back over the past three years in this ministry. Look back on Bill 70; on Bill 25, which was grievance reform—a reform, I might add, from which her party endeavoured to allow an opting-out clause, as her colleague from London will recall, which would have completely emasculated the bill; on Bill 89, dealing with union security and severance pay, with increased powers given to the Minister of Labour regarding the appointment of manpower adjustment committees; on Bill 7, the inclusion of domestics, the increased minimum wage—at a time when the governor of the Bank of Canada, supposedly espousing Liberal policy, indicated as recently as last week that any increase in the minimum wage was inflationary—was nevertheless proceeded with; and although you and—

**Mr. Van Horne:** You managed to pick up a few bucks yourselves.

**Hon. Mr. Elgie:** Yes, I was interested in that too. Is that Liberal policy as well?

Although the process of designating toxic substances may not be as rapid as you wish, or indeed as I wish, it is proceeding. You know, as well, there are proposed changes now before the House in the form of a white paper to the Workmen's Compensation Board and I ask you if these indicate to you a ministry—and therefore, I would presume, a government—that is moving to the right?

I appreciate your interest in the policies of the party, but—what is the old story? One should look to one's own chicken coop if one is concerned about problems. I sensed some division in your own caucus on some issues last week. Perhaps that is not something you would

concern yourself about, but it was something that others noted. I also had some recent reports from a convention held in Toronto of a branch of your party at which there were certain differences of opinion.

If you really are serious about things and really want to help this government with its social programs, particularly health and post secondary education, then we, as a government and as a party, would ask you to use all of your power and strength to convince the Minister of Finance of the federal government not to reduce the established program funding which is so vital to the programs of this government and this party and to the people of this province.

You also expressed great concern that employment must be a first priority. Again, I do not suspect that you had much to do with writing the budget, but that certainly is a strange comment.

**Mr. R. F. Johnston:** Which one?

**Hon. Mr. Elgie:** The federal budget. I suspect you did not have much to do with writing it, or even with the content of it, but if you think that is a budget designed to promote employment, then you and I had better go and talk to a couple of economists. I look on that as a pro-recession type of budget, appearing to be fighting inflation while creating even more unused capacity and thus more unemployment, particularly in this province which is the industrial heartland of the country.

**Mr. R. F. Johnston:** Elgie for Treasurer.

**Mr. Van Horne:** If there is a cabinet shake-up and you end up as Treasurer, my God, are we ever going to have fun next spring?

**Hon. Mr. Elgie:** Tax reform, which I submit in large measure destroys any incentive to have the private sector get the economy moving, is an unusual way for a party to espouse its support of employment as a first priority. All of this, I might add, at a time when the same government and the same party is proposing a variety of changes to the unemployment insurance benefits to prolong the waiting period and reduce the time that payments are being made available.

I think this government's role certainly has to be something better than what we are seeing at the federal level and I hope you will bring all your influence to bear to see that those matters are corrected at the federal level.

You have also been concerned that the Ontario economy is in a downspin. I appreciate that the Toronto Star article and Mr. Sheppard of the science council have certain points of view, but I think you will also agree, if you read



the documentation that much of your material came from, there are others who feel the root of the problem is in the interest rate policy and the level of inflation.

There are matters related to plant closures that you raised, and so did Mr. Mackenzie. Of course, as he indicated, there is a vote and item for them, but there is no one who does not know that certain sectors are suffering and we all know why they are suffering. We know why Admiral is in trouble. If things like a short-term tax relief from automotive sales, for example, can produce the sales they did, then we know what the problem is. Consumers are afraid to go out and buy products. You know where the economic levers are to correct that situation and I would just ask you again, what is the federal government's industrial strategy that is being laid out to try to correct those problems?

For your own interest, although you had some criticism of the statistics of the research branch of the ministry, I might just indicate that as a result of the layoff committee's criticism of some of these statistics that whole process has been revamped and revised and computerized and Dr. Whittingham will be glad to go over those changes with you. I think they now give us a pretty good way of assessing closures and reduced operations, admittedly only for plants where 50 or more are affected, but by a careful following of information throughout the province we also get information about closures and reduced operations where there are 25 to 49 employees affected.

I thought you might be interested to know that, comparing 1980 to 1981, for example, in 1980, including complete closures, partial closures and reduced operations, there were, as I have said at previous hearings, some 30,000 employees affected; 19,000 of those in 1980 were involved in reduced operations.

**5 p.m.**

This year the total to date as of November 19 is 15,000, approximately half of what we saw last year, and those in reduced operations number something like 8,875, again less than one half of the number we saw last year. I give you that information simply to indicate that although it is still a problem and one we cannot ignore, there must be some things happening that have improved the situation and perhaps it is as a result of some things that this government has been trying to do.

Those of you who sat in on the estimates of the Ministry of Industry and Tourism I know would applaud the various things the minister

mentioned in his opening statement with regard to the efforts that have been taken to strengthen our traditional base, our efforts in selected emerging sectors and our efforts to face some broad economic issues. I will not read those over but I would just like to highlight the areas we have, through those initiatives, attempted to address.

In the area of strengthening the traditional base, you know the efforts that have gone into the automotive industry, where the employment development fund has provided a variety of grants and loans, and in the textile and clothing industry where, through the Ontario textile assistance program, some \$5.4 million in grants was provided, supporting \$71.4 million of private investment and, outside OTAP, a further \$1.3 million in grants produced \$39.1 million from the private sector.

As you know, there have also been initiatives in the forest products industry to secure jobs in this province and indeed in the food and beverage processing industry there have similarly been efforts to stabilize that portion of the industry.

Tourism is one of Ontario's major industries and the extensive initiatives that have been taken there have produced one of the best years this province has seen, with more people coming to the province, more people staying here, and the net result is an industry that looks pretty sound.

The efforts in small business have been commended by those in that industry and I will not bother to list all of the programs which are recounted in great detail in the minister's statement.

Particular attention has been paid to selected emerging sectors and I refer particularly to the microelectronics industry with the variety of initiatives that are under way or have been carried out or initiated to date.

There is also, I think, the quite innovative biotechnology initiative in conjunction with the private sector and the Canada Development Corporation entering into a very important, and we think innovative, area of research that should have great benefits for this province.

The Minister of Industry and Tourism (Mr. Grossman), as I am sure those of you who were at his estimates know, has been vigorously trying to support private industry in its efforts to reinforce the aerospace industry in this province and the extensive programs carried out in that are detailed, as well, in his statement.

On information technology, for example, in



the Telidon industry, the government has as you know entered into programs allocating \$5 million from the Ontario government and \$5 million from Infomart, as well as \$1 million from Torstar, to support this program which we think is absolutely necessary if that industry is to thrive.

Mining machinery and equipment has been identified as an area of specific need and specific measures to address it are now under consideration.

Some of the broader economic issues that have been faced are also outlined in his opening statement: efforts to develop our domestic market by promoting a Canadian common market by selecting sectors of particular importance and by the government's procurement policy. In addition to that, there has been aid to Ontario firms.

Great effort has been put into opening export opportunities and, as well, into providing financial support to a variety of industries through the Ontario Development Corporation. There have, as well, been guarantees and term loans and the outright grants through the employment development fund.

The efforts of the Board of Industrial Leadership and Development to get into vital areas of industry which we deem are important for the success and expansion of industry in this province have been outlined in detail, and other efforts to encourage industrial growth, such as global product mandating, were outlined in this statement.

There has been an identification of energy opportunities. We are now members, as you all know, of the board of directors of Suncor and we see great opportunities in that for this province.

Interjections.

**Mr. R. F. Johnston:** Almost with a straight face.

**Hon. Mr. Elgie:** All of which it was greatly applauded, I might add, at the Liberal convention the week before last where Jim Coutts commended the Ontario government for taking that great step forward.

**Mr. Mackenzie:** You know what people think of Jim Coutts.

**Hon. Mr. Elgie:** That was one place where he obviously had good judgement—in commending the government for its move into Suncor.

The Treasurer also, in his opening remarks, has dealt with these issues and I deal with them

only because they were raised as a criticism of the government. If I may quote from the Treasurer's opening remarks, on page three:

"During the past decade, Ontario achieved a real growth rate of 3.3 per cent. The provincial economy created over one million new jobs.

"The average annual employment growth of three per cent matched Canada's average and substantially surpassed rates in all major western industrial nations, including Japan, West Germany and the United States. Although the recession in 1980 adversely affected job creation last year, in the first 10 months of 1981 125,000 new jobs have been created.

"In 1980, despite a drop in output, total business investment grew at 18.8 per cent. Investment in manufacturing grew even more spectacularly at 34.5 per cent, substantially outstripping the national rate of 27.7 per cent.

"The 1981 survey of business investment intentions conducted by Statistics Canada suggested business investment growth in 1981 will continue to be strong. This investment includes plans by foreigners in Europe as well as in the USA, who view us not only as an economy with almost unlimited potential, but also as one of the most stable political and social environments in the world."

He then went on, on page 11 of his opening remarks, to refer to the BILD initiatives, and if I may quote, he said:

"To date, BILD has approved funding commitments totalling \$614 million over the next five years. This funding has already generated additional investment commitments of \$275 million from the private sector and other governments. During the current fiscal year BILD initiatives will result in an expenditure of about \$145 million of new money. Through BILD, the government is providing new support for research and development and the market expansion of our high-technology sector."

He then goes on to review in greater detail some of the efforts which are being made by BILD to help restructure and expand a variety of segments of our industry, including research and development.

So, then, Mr. Chairman, we have in the Treasurer's opening remarks—

**Mr. Chairman:** Order, please. I think the minister was listening to the comments by the two opposition critics and I think it would be nice if the members would give the same co-operation in listening to his response to their comments.

**Mr. R. F. Johnston:** The second ballot is an important thing to discuss in this committee.

**Mr. Chairman:** Anyway, I as chairman have learned a great deal by listening to the opposition critics and I hope to learn something by listening to the minister's response.

**Hon. Mr. Elgie:** I think you should reverse that, Mr. Chairman. You have learned a lot from me and you hope to learn something from the opposition critics. That would make a lot more sense.

**Mr. Chairman:** Anyway, if we could have some calm, just hold your conversation and let the minister continue.

**Hon. Mr. Elgie:** What we have seen, Mr. Chairman, in the area of research and development—which Ms. Copps singled out as an area where we were not very active—are tangible provincial initiatives. I ask where similar efforts are being made in the federal government and I ask where those initiatives are recorded in the recent budgetary statement. I cannot find them.

She is also very concerned about foreign ownership in this country and whether or not one agrees with that point of view, I think it is interesting that we have seen in the budget a retreat from a firm commitment to strengthening the Foreign Investment Review Agency.

**Ms. Copps:** That is the federal budget.

**Hon. Mr. Elgie:** I know it is the federal budget. We have seen in the federal budget a firm commitment to retreating from FIRA and I wonder how that fits in with her party philosophy. I am concerned about foreign ownership.

5:10 p.m.

**Mr. Chairman:** Order.

**Hon. Mr. Elgie:** There is also Ontario's buy-back program, which is tangible evidence of this government's interest in helping employees and others purchase companies that might otherwise not stay in this country or stay functioning.

Strangely enough, you also talked about too many people employed in basically good industries that are no longer competitive, but at the same time you recorded a litany of closures. I find the two comments a little hard to fit together.

In occupational health and safety, you, as well as Mr. Mackenzie, expressed concern about the neglect and delay with regard to the designation of toxic substances. You indicated a long list of industries in which there were substances that caused you concern.

There is no area in this ministry where there is more interest, more budget and—indeed, I tell you quite honestly—more time expended. There is the time I spend and the deputy spends, as well as the staff, and our efforts in that field are to expand the area of toxic substances designation primarily. I hope this will come out during the course of the estimates as you talk to people from the occupational health and safety division.

In my opening statement I described the protracted process of open consultation. I just happen to think this process is the best way to do it if it leads to the control of toxic substances. The pace is not as fast as we would like, neither is it I am sure, as fast as you would like.

I think you should come to some of those open meetings just to understand the problems there are, both from management's and labour's points of view. If you were there, you would find there is great disagreement with regard to dose-response relationship; disagreement about measurement techniques and about practicable and workable programs and standards; and there is honest scientific disagreement about safe levels.

You would understand there is a difficulty with regard to the availability of easily-instituted control measures, particularly engineering controls. There is a whole range of matters that makes final determinations very difficult.

As I have said before, we do have now what we think is a refined prototype regulation in the lead regulation and we are moving on others. As we go on with the discussions, you will see from the occupational health and safety division that there is movement in many areas and in most of the areas Mr. Mackenzie referred to. Admittedly, the movement is not as rapid as he would like, or as rapid as we would like.

We are also moving on the criteria booklet. I hope most of you have received a copy by now. It is a document put out for discussion. It lists some 400 other substances which section 20 of the act would benefit from in terms of issuing orders with respect to toxic substances. But we have no illusions, and I hope you do not, about the complexity of these issues.

Ms. Copps also raised concerns about a carcinogens policy. I might say that several months ago a special task force of the health and safety council was set up to advise us about special programs relating to carcinogens. If I could just read you some of the information about that, I think it will be of interest to you.



At my request, the Advisory Council on Occupational Health and Safety has established a special advisory committee on carcinogens. The terms of reference of the committee are: (1) to examine the principles governing the regulation development process to determine how the process can effectively and efficiently identify, prioritize and regulate carcinogens; (2) to propose recommendations on the policies and principles governing the development of regulations for carcinogens.

The chairman of the council chairs a distinguished committee: Dr. E. Farber, of the Banting Institute; Dr. A. B. Miller, of the University of Toronto; Dr. D. McCalla, of McMaster University; and J. E. Till, of the Ontario Cancer Institute. The committee met first in November 1980 and has made a preliminary report to the council members. Some committee recommendations are to be presented to council early in 1982 and I expect to receive an advisory memorandum after the recommendations have been fully discussed by council members.

It is clear there is still much to be learned about carcinogens; how to recognize a substance as a carcinogen, how it affects or irreversibly alters a body system to cause disease. It would be too easy, however, to lose perspective. Not every chemical in the work place is a carcinogen.

At a conference on occupational health hazards, sponsored jointly by the McMaster faculty of health sciences and the Hamilton Spectator and held on November 10, 1981, it was clear the proportion of cancers attributed to environmental factors has been considerably overestimated by some research workers. Refinement and improvement of statistical evaluation techniques has reduced some of the uncertainties associated with earlier figures.

Less than four per cent are attributable to occupational exposure to chemicals. For comparison, 30 per cent of cancers are associated with the use of tobacco and a further 35 per cent with dietary factors. While it is often not possible to identify causative occupational factors, subsuming them under such terms as "environmental" or "lifestyle" gives a misleading impression. Moreover, it may lead to a sense of complacency that eradication of work place carcinogens will necessarily dramatically reduce the incidence of cancer.

**Mr. Mackenzie:** Mr. Minister, can I ask you if those figures are now considered authoritative

and definitive—the four per cent—or is that just the conclusion of—

**Hon. Mr. Elgie:** I am just telling you the results of that conference. But Dr. Robinson, I think, and some of her staff are quite knowledgeable about the various literature in that area. They would be pleased to discuss it in detail when we get to that item.

Ms. Copps then spent a considerable portion of her brief dealing with the problem of asbestos. If I may I will now turn to the particular points raised concerning asbestos. The Royal Commission on Matters of Health and Safety Arising from the Use of Asbestos in Ontario was established in April 1980 with the following terms of reference:

1. To investigate all matters relating to health and safety arising from the use of asbestos in Ontario;

2. To identify the relevant data related to asbestos, mesothelioma, and other diseases and health hazards of persons working with, or exposed to, asbestos in Ontario;

3. To review the present basis for Workmen's Compensation Board awards as they relate to occupational health matters affecting workers exposed to asbestos, including any special programs dealing with the rehabilitation of such workers;

4. To make such recommendations in relation to the above as the commission deems appropriate.

The commission recognized the often highly technical and complex nature of the matters it was commissioned to address. It divided its work into two phases, the second phase being devoted to matters pertaining to compensation.

Since its inception, the royal commission on asbestos has held a series of public meetings and has heard expert testimony. The first two public meetings were addressed by invited speakers to provide a summary of current knowledge as a basis for further discussion. Later, further public meetings were held at which interested parties presented briefs and responded to the commissioner's questions.

The occupational health and safety division participated in this phase and presented an extensive brief in Toronto on February 19 and a supplementary brief in Windsor on March 25, 1981. During the summer months, the commission has heard expert testimony from scientists with experience of asbestos and asbestos-related problems.

While it is not surprising, it is striking to



anyone who has attended any of the hearings or read any of the transcripts that there is a lack of unanimity, even between experts, on many of the complex issues raised and discussed. Nevertheless, it was made clear the Ministry of Labour would not, indeed should not, be precluded from development of a regulation to control asbestos in the work place because of the activities of the royal commission. Review of any regulation will be undertaken in the light of recommendations made by the commission.

Since 1975 the guideline used in connection with occupational exposure to asbestos has been two fibres greater than five micrometres in length per cubic centimetre of air, except for amphibole fibres where the level was set at 0.2 fibres greater than five micrometres in length per cubic centimetre of air.

The proposed regulation published in August 1980 included the following time-weighted average exposure limits for fibres, defined as being longer than five micrometres with a length to diameter ratio of not less than three to one: for amosite, 0.5 fibres per cubic centimetre of air; for crocidolite, 0.2 fibres per cubic centimetre of air; chrysotile or other, one fibre per cubic centimetre of air.

Maximum exposure levels were set for all forms of asbestos. The revised proposed regulation for asbestos, presented and discussed on September 22, 1981, contained the same time-weighted exposure limits.

These recommended values were derived by the ministry on the best evidence available to ministry staff and against the background of the continued debate by international experts in the field. Full documentation of the evidence considered by ministry staff and the rationale are, of course, available in the material deposited in the ministry library.

**5:20 p.m.**

In dealing with numbers and exposure limits, it is important not to lose sight of other important aspects and provisions contained in the proposed regulation: The assessment, which is to be carried out in consultation with the joint health and safety committee; the introduction of a control program with various provisions for engineering controls, monitoring procedures and a medical program; the requirements for record keeping; and the emphasis on the role of the joint health and safety committee.

Codes defining appropriate respiratory equipment, inspection procedures and medical surveillance form part of the proposed regulation. Staff of the ministry carefully consider and keep

under review the merits of new equipment and procedures to monitor ambient air levels of asbestos. Unfortunately, the equipment referred to by the member for Hamilton Centre—the Vickers magiscan—is not the panacea she suggests. It suffers from the common deficiency of fibre-counting procedures in that all fibres, whether asbestos or not, are counted. Further problems arise in counting when fibres are present in aggregated form. There is also a lack of correlation with other counting procedures. It appears this equipment is not yet fully developed to the point where it is suitable for reliable routine application to samples collected in the work place.

Many of the potential occupational exposures to asbestos relate to materials already in situ, particularly when there is surface deterioration and the insulation has to be sealed or removed. There are comparatively few current uses of new asbestos in manufactured products. Manufacture of brake linings still requires the use of asbestos. To my knowledge, no commercially viable alternatives have been developed for general use. Importation of new crocidolite appears to have ceased about 10 years ago.

Considerable efforts have been made to substitute other materials for asbestos, particularly in respect to building materials. Assessment of the suitability of alternative materials requires a review of effectiveness of function and a consideration of potential adverse health effects.

As indicated to the royal commission on asbestos in the ministry's supplementary brief on March 25, 1981, an interministerial committee was established that month to advise the government. The committee is made up of representations of the ministries of Consumer and Commercial Relations, Environment, Health and Labour.

Mention was made of the possible use of economic incentives in industry to encourage more stringent control of work place exposure to asbestos. The possible use of such incentives is, of course, of much wider application. In December 1980 the Advisory Council on Occupational Health and Occupational Safety established a task force on financial incentives in the occupational health and safety field. This is chaired by Professor Wolfson and includes other members of council: Professor Rod Fraser; Mr. Peter Fisher; Mr. Cliff Pilkey, a well-known Conservative; Mr. I. Rosen, CA; Mrs. V. Kempston-Darkes of GM Canada; and liaison representatives from the ministries of

Treasury and Economics, Industry and Tourism and the Environment. The terms of reference of the task force are:

1. To determine whether organizations faced with relatively large financial costs in complying with occupational health and safety regulations should be eligible for grants or other appropriate financial incentives. If the answer to this is "yes," then:

2. To analyse the various types of financial incentives that might be made available to organizations faced with relatively large occupational health and safety costs;

3. To make recommendations to council on which type of financial incentives would be most appropriate to assist organizations meet their occupational health and safety costs;

4. To make recommendations to council on the procedures that should be utilized to determine when an organization would qualify for such incentives.

I am advised the task force has prepared a first draft of its recommendations and a memorandum will be prepared for me early in 1982. It is therefore premature to speculate or discuss what action may be appropriate until I am able to consider the advice of council.

The other matter raised in the context of occupational health and safety by Ms. Copps related to the issue of compensation, particularly in the asbestos industry. This is a complex issue which is presently under review under phase two of the Workmen's Compensation Board study by Professor Weiler.

Ms. Copps then went on to recount the problems she saw facing women who seek jobs in Ontario. Her first venture in this area was in the Legislature—indeed, in public life in general one suspects. The number of women in public life is increasing, notwithstanding those I see leaving this committee meeting. I think that is a reality all of us have recognized. As evidence, we are seeing a woman now make a vigorous endeavour to obtain the leadership of the one of the major parties in this province.

Ms. Copps neglected to mention that of the six women who are members of the Legislature, four happen to sit on the government side. That, I think, is a tribute to the openness of this party and its willingness, not to say anxiety, to increase the number of women representing the public in the Legislature.

Ms. Copps discussed at length some issues, as she saw them, with regard to women in the private sector. Her first remark was to the effect that it is evident that the women's bureau

affirmative action consulting service, set up in 1975, is not effective in persuading the private sector to set up affirmative action programs.

The government's policy has been and continues to be to encourage voluntary affirmative action programs. Bill 7, through section 13 allows the human rights commission to approve such programs. I think this continued voluntary effort by the government through the women's bureau, in line with the commission's capacity to approve programs, will have some impact on that situation.

Bureau consultants have worked very hard in this area and have targeted those organizations where affirmative action has the greatest impact; that is to say, employers have been selected on the basis of size and type. For example, of employers of more than 1,000 employees, affirmative action employers now number 41. For employers of from 500 to 999 employees, we have 21 affirmative action employers; and from 100 to 499, there are eight affirmative action employers, for a total of 170.

Many of the large remaining employers are federally regulated, or have employees outside Ontario. Recent surveys done by the bureau indicate there is more than twice the involvement in affirmative action activities by those employers that had contact with the bureau than by a control group that had no contact.

Significant results are occurring where employers have implemented such programs. The Federation of Women Teachers' Associations of Ontario recently reported that since September 1, 1981, 96 of their members had been promoted to positions of responsibility. This is a substantial change over past years.

There has been greatly increased interest in the network system established by the bureau. Over 100 employers and over 20 boards of education are actively participating in these forums where equal opportunity co-ordinators can discuss problems and ideas regarding program implementation.

Ms. Copps suggested that legislation was required to put the affirmative action program on a legislative base and to provide greater information. Although there are some who doubt the effectiveness of this, there is some evidence that the United States' contract compliance program may have had minimal effect. But the cost of introducing that bureaucracy and of monitoring the data is extremely high; we must face that reality. Frankly, we are encouraged that the resources we have available can be put to better use through the government's voluntary affirmative action initiative.



Ms. Copps was critical of the equal pay program in spite of the figures I gave during the opening statement. I am surprised at that criticism because I think the figures show a remarkable increase in the number of complaints that have been processed since that new division of the employment standards branch was created with employees whose activity is solely directed to this area.

**5:30 p.m.**

Contrary to her concern that there were no routine inspections, the number of routine inspections is increasing. Furthermore, nearly one quarter of all inspections made since March 1980 have been independent audits rather than responses to complaints. As a result of such inspections some 362 employees have benefited and \$93,000 has been collected on their behalf.

The larger scene was painted by me in the opening statement and I think it is a pretty impressive report. Close to half a million dollars in back pay has been obtained and about another half million in wage increases is forecast as a result of those complaints and investigations.

Ms. Copps was concerned about why the government programs continue to train women for clerical jobs instead of directing them into computer operating and maintenance careers. The federal-provincial INTO program, or introduction to nontraditional occupations program, is designed to encourage specifically that kind of entry by women into nontraditional jobs and to look positively at careers in the skilled trades.

The women's bureau address a variety of issues with regard to this. They have developed and distributed publications and audio-visual materials on subjects such as career counselling, trades training and the provision of career counselling services to women. Counselling services also take place and there is the provision of consulting services to employers on affirmative action to raise and diversify the status of their female employees.

I expect the Ontario Manpower Commission to provide me with advice on an employment strategy for women in the coming months. The question of entry into nontraditional jobs will be an important part of their work.

The impact of microelectronics on employment for women was then raised. The recently tabled report of the microelectronics task force and its background studies recognize both the benefits and the costs of such developments. It recommended a co-operative program by government, labour and industry to maximize the

use of government retraining programs and to help workers adjust to changes. This will be seriously considered over the months ahead.

None the less, we must recognize that the key decisions on the introduction of new technology remain in the hands of the private sector. If our economy is to remain competitive, we cannot afford to ignore technological developments and the increased productivity of new job opportunities that can bring.

On the issue of maternity leave, I am sure members know that the Employment Standards Act already provides for a 17-week unpaid leave of absence, which I believe is comparable to the provisions in effect in the other provinces. It is not really the practice of the employment standards branch to lead unless there is a well-established pattern of employer policy. At the present time only eight per cent of major collective agreements in Canada contain provisions for some paid form of leave. Nevertheless we will continue to monitor what is happening in the private sector and to review what is happening with relation to minimum standards in this province.

Ms. Copps also expressed concern about the plight of women in northwestern Ontario. I would like to tell her, if she does not already know it, that the women's bureau acknowledged that special employment needs problem of women in northern Ontario by opening a branch office in Thunder Bay this year.

The new office will respond to these needs by providing the community with information on labour legislation and employment of special interest to women. They will provide a consulting service for the development and co-ordination of programs that work towards improving the status of women in the work place, and affirmative action advice to northern employers. They will work toward increasing the employment options open to women in the north, including those of women who are isolated in resource industry towns, native women and immigrant women.

I will turn, now, to the women's crown employee program. During the course of the estimates I would like to introduce to you Barbara Speakman, who is the new director of that division. She was here earlier but is not present at the moment.

Ms. Copps pointed to the budget in the Ministry of Labour that was set aside for women's programs. I hope she realizes that she is in error when she fails to note that for the affirmative action program in the Ontario pub-



lic service alone, an additional \$1.6 million is spent by individual ministries and agencies on their affirmative action programs.

Other ministries such as Colleges and Universities, Education, Culture and Recreation, the Provincial Secretariat for Justice and Community and Social Services also spend money on programs devoted to women. The amount of funds carried in our budget is only a small fraction of the government's total commitment to women.

Ms. Coppins suggested that legislative action is required for the affirmative action program in the public service. I will respond to this later on. First, I want to set the record straight about your statement that the government itself has failed to make significant improvements in the status of its female employees.

Ontario is a leader in public sector affirmative action in this country. Unlike our federal counterparts who, after several unsuccessful years with an equal opportunity program for women, decided to undertake a pilot affirmative action program in only three departments, we undertook a total revision and strengthened our affirmative action program for all ministries in 1980. We have instituted promotion targeting and quantitative targets for accelerated career development. We have created a fund to increase on-the-job training for women and have significantly strengthened control and compliance procedures.

Twice a year, the entire cabinet reviews each ministry's performance in affirmative action targeting and accelerated career development. At the individual level, all senior managers' performance appraisals include an indication of their affirmative action program results.

Results are being achieved. Women have increased their representation in a number of key categories and modules, such as the administrative and professional modules. Despite the fact that the number of senior jobs in the Ontario public service has decreased by 15 per cent in the last few years, women increased their representation by three per cent.

In addition to this, most ministries have exceeded their targets for accelerated career development. There have been numerous breakthroughs of women into nontraditional occupations. At the same time, the women crown employees office in the Civil Service Commission are working on policies to eliminate systemic discrimination. One example of this is the policy of eliminating unnecessary emphasis on credentials.

I would like to turn back to your comment on the need for legislative affirmative action in the public service. I believe the 1980 directive on affirmative action set out all the controls necessary for government to ensure that affirmative action in the public service is being carried out. Anyone who has researched this adequately would understand that in the United States, which has had legislative affirmative action for years, the public sector lags behind in results. This is because the managerial controls we have introduced have been lacking there.

You also mentioned the amount of money the ministry spends on training men as opposed to women. It is true that in 1979-80 the ministry averaged \$190 per male and \$118 per female. The higher amount for males reflects not only travel costs but also that external courses are much more expensive per individual than inhouse courses. What you may not know is that in 1979-80 51 per cent of the participants in staff training and development were women. This figure increased to 57.8 per cent in 1980-81. The percentage of women in managerial-supervisory courses rose from 49.5 per cent in 1979-80 to 56 per cent in 1980-81.

You indicated that funds are allocated to each ministry on the basis of the number of women employed and that these funds were used for seminars of various heads, publicity and information gatherings. This is not correct. Each ministry and agency has an affirmative action budget which it uses for the office of the affirmative action program manager, her staff and operating expenses. Separate from this would be each ministry's staff training and development funds, usually located in the personnel branch.

Over and above all of this is the affirmative action incentive fund, which is distributed on the basis of female population but is only used to backfill for women sent on secondments and job rotations. Furthermore, this fund represents only a very small portion of the total number of accelerated career development initiatives undertaken by the affirmative action program.

You are totally incorrect when you state that the affirmative action program in the public service is voluntary. It is not by any means voluntary. All ministries must comply with the directive on affirmative action issued by Management Board and approved by cabinet, and their results are reviewed by cabinet on a regular basis.

I would like to say a little more about your remark that more money for training courses is

spent on men than women. While this is true, it is due, ironically, to the existence of a very progressive affirmative action program. The affirmative action program managers and personnel branches throughout the government hold numerous internal courses for women which are much less costly than external ones. The more important statistic which you overlooked was that in most ministries, women's participation in courses was greater in proportion to their numbers than was men's.

**5:40 p.m.**

You also criticized the fact large numbers of women take career development and assertiveness training courses in the public service. On this issue let me first say 15,000 of our female employees are in support positions. These types of courses are often an important first step in wider job expectation. Furthermore, the number of women taking technical and managerial courses has increased.

You spoke of the salary status of women in my ministry. The average woman's salary as a percentage of the average male salary rose from 56.9 per cent in 1975 to 68.7 per cent in September 1981. As of September 1981, 19 per cent of the employees in Labour earning more than \$32,000 are women. Eight of the 25 who earn \$59,000 and up are women, or 32 per cent. None has a maximum salary of less than \$9,000.

Management Board secretariat was criticized and really it can hardly be viewed as a typical organization in terms of size, occupational diversity and budget. The type of staff training and development activities open to a small organization tend to be external courses with a specific cost or on-the-job training. In larger ministries, inhouse courses can be more readily developed, regional coverage can be accomplished and economies of scale can be realized. Therefore, it is misleading to pick out a dollar per female amount in one small organization and use it as the standard.

The wage gap in the public service is better than that of the population as a whole. As progress is made in achieving a better distribution of women among the variety of jobs in the Ontario public service, that wage gap will improve.

You stated you were unhappy with the gap in my own ministry. Certainly I will not be satisfied until it is totally eliminated, but the gap continues to decrease. It decreased 3.4 per cent between 1978-79 and 1979-80 and it decreased 1.8 per cent between 1979-80 and 1980-81. The women's average salary was 66.4 per cent of

men's in 1980-81. However, women's salary, as an average of men's, by module and category, other than clerical and office services, ranged from 77.8 per cent in the administrative module to 98.1 per cent in the scientific and professional categories.

You stated that without the commitment of senior personnel to affirmative action equal opportunity would not be reached. We understand this and we have made it a cornerstone of the program. Just to give you another example of this, the Premier himself introduced our new directive on affirmative action to all ministries.

While the ratio of women to men in the salaried group of \$15,000 or under has increased somewhat, you must look at the whole picture to get a reading of the significance of these types of statistics. In fact, the number of women at these levels has been reduced over the three years. Although the number of men has also been reduced, women's gains in higher salaried groupings have been significantly greater than men's over the same period.

For example, in the \$15,000 to \$25,000 range, women increased their numbers by 102 per cent as opposed to 19 per cent for men. Similarly, in the \$25,000 to \$32,000 range women increased their numbers by 155 per cent as opposed to 62 per cent for men. Overall in the service, women's representation has increased from 39.9 per cent to 41.2 per cent from 1978 to 1981, and at this time when there has been a net reduction in the size of the service.

When you pointed out that men hold 89.7 per cent of top civil service jobs, you forgot to mention, as I had earlier, that despite an overall decrease of 15 per cent in top civil service jobs over the last two years, women have increased their representation in those jobs.

The next area of your comments related to the handicapped employment program. First of all, you had some remarks with respect to the posters distributed. Those posters were drawn by an internationally famous and accomplished artist who has received several awards. There were very few criticisms of the posters, although those who were critical referred to one poster in particular. Most of the calls were really complimentary and we have had requests from other organizations and from another province to give them permission to reproduce the posters.

Although I had mixed feelings about the one poster you pointed to, it was withdrawn from the group early on and did not form part of the advertising campaign. This was in spite of the fact there were mixed emotions about whether



or not it was a fair criticism of the poster. I did not think a program as important as this should be subjected to any criticism, so that poster was withdrawn.

The question of reasonable access is an issue we have discussed on a few occasions in committee, in the House and now here. I will not reassert the government's position other than to say, as I have said before, that Bill 7 is designed to deal with attitudinal discrimination. We do not feel inaccessibility, in the absence of attitudinal discrimination, should amount to a contravention. However, that does not mean it cannot be evidence of attitudinal discrimination. Moreover, where there is evidence, the board of inquiry can address the question of access as long as it does not cause undue hardship.

You expressed interest in tax incentives for handicapped employment. In saying that, I presume you do know about the long list of incentive programs available from both the federal and provincial governments. In the federal government, the Canadian Employment and Immigration Commission has several programs. I will not review them in detail. One is the work adjustment training program; another is the Canada Manpower—

**Ms. Copps:** Lloyd Axworthy—

**Hon. Mr. Elgie:** I am very fond of Mr. Axworthy.

**Ms. Copps:** What about what you said an hour ago?

**Hon. Mr. Elgie:** I am quite happy to take part in the discussion on the Dodge report. Until he got off track in the budget, I was really kind of intrigued with what was going on. Now they have done that and shown they have no interest in unemployment, it is a different matter. I think he must feel that way too, really.

**Ms. Copps:** Are you in favour of setting up a ministry or part of a ministry to deal with the disabled?

**Hon. Mr. Elgie:** I think one has to analyse whether or not it will really improve the efforts to employ the handicapped. If it will, then I would not have any hesitation in recommending it.

I think the first thing to do would be to establish a program and leave a trail behind you to show you really have an interest in the problem. Then if you think having a minister responsible for it would help that problem and enhance its capability, you could do so. I am looking forward to the programs they will have under this new minister.

The second program under the employment ministry is the Canada Manpower industrial training program and the third is the program for employment disadvantaged, which has some subsidies. You also know there will be a federal government modification of the work place and equipment program.

In the provincial government, the vocational rehabilitation program provides a variety of programs, including training on the job and two assessment programs. It also provides funds which follow the individual with respect to adaptation of the work place. Similarly, the Workmen's Compensation Board provides on-the-job training funds with a subsidy program, as well as providing work adaptation and special device funding.

You have expressed a concern that everyone in that branch has felt from the beginning: the problem of matching the disabled to the job. When Barbara Earle and her staff are here I hope you will go into detail on that, because I think they have done a lot of work on it. They would agree it is a key area.

Through the Hamilton project and through its work with agencies in Toronto, as well as across the province, they are also examining models to increase local placement co-ordination. Ottawa is another example of an area where good co-operation and co-ordination is starting to take place.

I hope Barbara Earle will bring along some of the packages they have developed for employers for identifying essential physical demands of work. I think members would be interested in them. This is information that can then be used by the employer in recruitment to improve job matching. Physical demands information provides a basis for effective use of aids and accommodations.

Handicapped employment programs: together with the WCB, the occupational health and safety division and the human rights commission, with the involvement of professional associations such as the Ontario Medical Association and the Occupational Therapists Association, are planning to undertake a major study of current assessments of functional capacities of individuals to work. This study will increase standardization and appropriateness of assessments.

Ms. Copps was also concerned the budgetary allotment given to the handicapped employment program might not be adequate. I do not think a minister is ever satisfied with the amount of money allocated to a program, but I would



like to point out the budget for the handicapped employment program in 1979-80 was \$138,900. In 1980-81 it rose to \$402,500, and in 1981-82 it was \$688,300. So it has undergone a tremendous growth in a relatively short period.

**5:50 p.m.**

You also implied the program spends more on wages, salaries and transportation, for example, than it does on conferences and advertising. If I may I will go over some of the figures you raised.

For instance, you suggested 60 per cent of the money was going to salaries and wages, whereas our figures indicate 32.6 per cent. We agree 16 per cent is spent on conferences, 3.6 per cent on advertising as opposed to your figure of three per cent. Only 4.2 per cent is spent on transportation and communications, while 5.8 per cent is spent on publications.

The handicapped wage permit program is an issue we have endeavoured to address. Initially it was done through an outside review by ABT Associates and that report was released last spring. It recommended that group permits and workshops be replaced by individual permits. It also suggested further analysis of the wage question should be conducted in concert with the workshop review being undertaken by the Ministry of Community and Social Services.

At the present time there is an interministerial task force reviewing that report and its recommendations. I expect to receive their recommendations some time in the new year.

You also raised the issue of whether Ontario should not get into an assessment of the cost analysis implications. The implications of cost, similar to the study being carried out in Quebec, might provide a better handle on the amount of money saved by getting a person off welfare and pensions.

It is true the office of the handicapped in Quebec has implemented a report which is entitled *Towards an Overall Policy*. I shall not bother reviewing the four-phase operation they are involved in. There is also an excellent US example, in California, in which the data base indicates a cost saving to California taxpayers of \$8 for every dollar spent on rehabilitation.

As soon as the Quebec report is available, we shall decide whether or not any further information would be of interest or benefit to the handicapped. If we feel it is, then we would have no hesitation in funding such a report.

The final matter you raised had to do with the white paper which flowed from Professor Weiler's green paper on the reform of the Workmen's

Compensation Board. It is really not an item that comes directly under these estimates. As I am sure you know, there is a Workmen's Compensation Board report which is tabled and which is then sent to committee for review. It is a big issue to discuss and I think it is an important one. I wish there was some way we could discuss it in a nonpartisan way, because I really feel very strongly about a need to reform certain aspects of the board. I value your advice on how best to get that kind of discussion going.

For example, you expressed concern about what you called a 10 per cent disincentive. By that I take it you mean that when Professor Weiler suggests we move from 75 per cent of gross to 90 per cent of net, the 10 per cent differential is intended only as a disincentive.

I think Professor Weiler indicated in his report that certain costs were not involved when one did not go to work. You have indicated there are also costs of physiotherapy. I would suggest to you they are medical costs that are covered. It would be pretty unusual if physiotherapy or other rehabilitation related to one's injury was not a covered medical cost.

I guess the debate as to whether or not there should be an amount less than 100 per cent as an incentive to return to work is one that will go on for time immemorial. That was his recommendation and that has been the practice of some other communities; for instance, Saskatchewan has introduced this type of program.

The problems of the wage-loss system. I guess any system has problems and that is really what he was addressing his report to. Under the present process, as you know, we have a permanent pension based on a physical disability rating chart with supplements under another section and many problems have arisen over that section and over the application of the section.

I think most people agree—although not entirely, I admit—with the majority of recommendations, particularly the structural ones. There seems to be general agreement about a restructured board of directors, general agreement about an outside external review board and the makeup of that board.

You have raised some concerns about the medical review panel and how effective you think it might be. I do not know what the answer to that is. I do know one of the problems those who see a lot of compensation cases run into is the fact that there is often a discrepancy between what is seen and felt by the patient's own family doctor, or the doctor who has seen

him on behalf of the family doctor, and what board physicians and consultants on behalf of the board may see and feel.

There is a frequent complaint that there is a difference in opinion and that disagreement cannot be solved in any independent way. The practice to date has been to appoint a single independent medical referee, but Professor Weiler felt there should be a three-person medical panel consisting of an independent chairman appointed by the Ontario Medical Association or some other independent group such as the Association of Medical Schools of Ontario, with the employer and the employee each selecting a physician for that panel. He considered this would help to resolve the dispute as to which group of physicians was in fact reflecting the true situation.

I am quite open to suggestions about reasonable alternatives, but I have to tell you that most of them would have some problems. That should not stop us from being open to listen to other suggestions, but it is a very difficult area and the need to be objective and independent is very important and that is what Professor Weiler was trying to get at.

The recommendation that there be outside worker advisers and employer advisers has been met with some degree of agreement, although I must say that injured workers' groups are concerned that employers would have an external adviser. But again, Paul Weiler was trying to create a balance and produce a system of natural justice where employers would have the same advantages as were offered to workers at no expense.

He also proposed that there be access to medical records by both employers and employees and as you know the board, this month, did initiate such a policy and was commended for it in a recent Toronto Star editorial. I also think they are to be commended for it.

I think one of the key recommendations in the Weiler report, and again it was a matter of balance, was the recommendation that if within two years an injured worker was able to return to his previous job and if such a job existed, the employer was obliged to take him back. If he did not do so, then in Weiler's opinion, it was clearly not something that society should look on favourably and employers should be required to pay that person's salary until a job of equal income was obtained.

It also recommended limited access to what is called "suitable" employment; I know Ms. Copps has trouble with the word "suitable" and

I would like to go into that in a minute. The balancing to that obligation placed on an employer was an obligation imposed on the employee with the board being given the power to deem an employee capable of taking a job, whether it was at the same income level as his previous one, or whether it was at a lower level of income. There may be some who argue against that, but if they argue against that, then they must argue against the other, which is the employer's obligation to take a worker back, and an employee's obligation to take a job.

As Ms. Copps said, I am sure there will be some initial adjudication over the question of suitability, but "suitable and available" is the language used in the bill. I hope she would agree that the external review board providing that independence of assessment of individual complaints and a restructured corporate board would add a degree of objectivity. Whether it is now there or not is an issue that is in dispute. Certainly from what I have heard from opposition members and others, there is a great deal to say for the present appeal system.

**6 p.m.**

It may be that we are creating a structure that is more important in its perception than it is in reality. But I think it is important that the final review board or final court of appeal in these issues be seen to be independent as well as being independent, and that it have that makeup that Professor Weiler suggested.

Some of the other points raised are very detailed. Why he recommends that at age 65 the income maintenance program change from a wage-loss supplement program to a retirement basis, I guess simply boils down to this: if you accept his thesis that a wage-loss system will benefit those who are really in need more than the present system, then you have accepted the wage-loss principle; and of course, at retirement age, wages would cease.

What he also proposes is that if in your present job there is a pension program that you would lose as a result of injury, then the board would have to pay all of the premiums necessary to bring that pension up to the level at which it would have been had you not been injured. I think that is a pretty reasonable approach to life. It is the kind of approach that all of us have as we plan for our own futures, in our employment or privately.

It is not in the statute, but those of you who read the white paper will note he has a suggestion that we should consider with respect to those who might not have a pension plan in

their employment. What he suggests is that we look at something like 50 per cent of the average industrial wage literally as a floor, and as a pension for those who do not have a pension program we might look at something like 50 per cent of the average industrial wage index as a pension upon retirement.

The issue of whether or not there are people who will receive less under the new program than under the old is one that is explored in great depth in the white paper. It is true; I suppose that what Professor Weiler was trying to do was match the Family Law Reform Act, with its emphasis on getting back into the work force.

Those may be matters we have to look at, but as you know, he set up the age of 40 where a woman with no dependants would get a lump sum and nothing else unless, in the discretion of the board, something else was indicated. Indeed, the board would also be obliged to facilitate any occupational retraining that such a widow would have to go through.

Again, I realize that is a new concept. It is not new in that it is presently in the Family Law Reform Act but its application to this is new and it is something on which I will be looking forward to hearing people's views.

Mr. Chairman, that is my summary of comments with regard to Ms. Copps' criticisms.

**Mr. Chairman:** We understand you will be

continuing your response to the comments expressed by Mr. Mackenzie, who feels there should be some further answers.

**Mr. Mackenzie:** Before we adjourn, I wonder if I can raise with my colleagues the matter of whether there would be any objection to scheduling the health and safety vote for Wednesday. I gather from the questions I have asked to date there is not.

**Hon. Mr. Elgie:** That is fine with me. It would be helpful if Dr. Mustard could come that day as well. Can he?

Interjection.

**Hon. Mr. Elgie:** He cannot. Then can we agree to schedule him at a day that he can come? He has tentatively said December 15 or 16. Is that all right with you?

**Mr. Chairman:** So it will not be possible on Wednesday.

**Hon. Mr. Elgie:** We will do occupational health and safety on Wednesday without Dr. Mustard.

**Mr. Chairman:** Is there any objection from the members of the committee?

It will be Wednesday.

I thank you, Mr. Minister, and we shall be meeting again tomorrow after routine proceedings.

The committee adjourned at 6:05 p.m.



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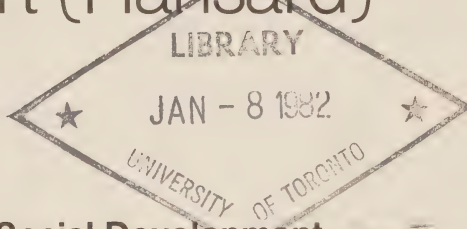
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2. Legislative Assembly

# Legislature of Ontario Debates

## Official Report (Hansard)



Standing Committee on Social Development  
Estimates, Ministry of Labour

First Session, Thirty-Second Parliament  
Tuesday, December 8, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Tuesday, December 8, 1981**

The committee met at 3:47 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF LABOUR (continued)

**Mr. Chairman:** Order. I see a quorum since we have a representative of the official opposition arriving. We will begin our meeting today. Mr. Minister, you were in the middle of a response to the comments from the opposition critics. I believe you will be continuing today in response to the official critic from the NDP.

**Hon. Mr. Elgie:** Thank you, Mr. Chairman. I do not know if Mr. Mancini is able to answer this question or not, but I had raised it earlier. Due to the fact that we switched occupational health and safety, it has now created some problems for Mr. Pathe in industrial relations. He was scheduled to be on tomorrow. Do you know if you are ready to go ahead with industrial relations today, or do you want to wait for Ms. Coppins?

**Mr. Mancini:** I think we should wait for Ms. Coppins.

**Hon. Mr. Elgie:** Okay. Perhaps we can deal with that, Mr. Chairman, when Ms. Coppins arrives.

I had completed my remarks in response to Ms. Coppins' comments on my opening statement and I would now proceed to respond to at least some of the comments made by the member for Hamilton East (Mr. Mackenzie). I do not say this to be combative, Robert, but it is interesting that each year we seem to go through almost the Pavlovian ritual response of your claiming that I do not truly represent the interests of labour and my indicating to you that certainly I do not think that is an objective assessment of things.

I have seen my role—and I think we have been through this before—as someone who is committed to pursue the legitimate interests of labour, but I have also made it clear I am not a conduit. Rather than simply being seen as someone who expresses concerns over issues, I would think that a review of my three years as minister would reveal pretty concrete activity aimed at respecting the legitimate rights of

labour. Indirectly, you did pay some tribute to the efforts we have made over the past three years, and I will not take the committee's time to pursue all of the endeavours in which we have been active over those years.

I would also like to say that although you did praise the work of John Scott and Vic Pathe, I would have hoped you would have extended your praise to other departments of the ministry as well because I think they all are pretty dedicated civil servants and all deserve that kind of praise.

You also commented—I am not sure if facetiously or otherwise—on what you have portrayed as an unusual combative attitude on my behalf. If you will look back at last year's estimates, you will recall—and I say this with respect—that you indulged in a pretty vitriolic attack on myself and on the senior civil servants. I felt you understood the reason I had to reply in an appropriate tone and I would not have expected you would have thought I should do otherwise.

**3:50 p.m.**

If I was to have a Hansard recording of some of the remarks that either precede or follow questions that you ask in the House, I would like to think that the temper of my responses fit in with the temper of the question or comments that are related to the question. Generally, I think you will agree, I do endeavour to answer questions forthrightly and try to outline the facts as I see them and in other cases try to give my opinion.

You do seem to have this obsession that I should be seen as almost a judge and jury with respect to all labour disputes, but I do not see my role that way and I never have. You and I know that we have a difference of opinion on that. When there are legitimate disputes between management and labour, my role is to ensure that there are appropriate mechanisms in place to deal with those disputes. It is not to be seen as someone who is playing the Lone Ranger and jumping in on situations, carrying my silver bullets ready to do in the wrong guy and march off saving the situation. That does not help labour relations, nor does it help the industrial

relations climate. That is not the kind of approach I have taken nor the one I think I should be taking.

If I may, I would now direct my attention, not in any particular order, to some of the specific matters you raised. First of all, you referred to a relationship problem at Canada Packers relating to rules the company has apparently set up with regard to washroom visits. I would have hoped you had received my response to the question you asked in a letter you wrote to me and to which I responded on December 4. I hope you will forgive me if I take a moment just to read that response into the record because I think it is a legitimate concern you have.

"As you know, this matter came up some months ago and at that time Mr. Pathe had some discussions with the company and offered preventive mediation assistance. The company at that time appeared unwilling to participate in such a preventive mediation program. The matter was taken to arbitration, and I am advised that the company's position was upheld in an award dated November 5, 1981.

"This week Mr. Pathe has again been in touch with company officials and union officials and has offered assistance. Harry Sparling, who is in charge of the preventive mediation program, will be arranging for meetings with both sides in the near future.

"I am concerned about the situation because of its potential for becoming an issue in next year's bargaining between Canada Packers and the United Food and Commercial Workers, and I wish to assure you that my ministry will do all in its power to assist in this troublesome situation."

Mr. Pathe is here today and when we get to the area of industrial relations, he can comment on that further, but I just want to assure you that we do recognize it as a relationship problem and we are endeavouring to address it.

**Mr. Mackenzie:** Your letter was received this morning.

**Hon. Mr. Elgie:** On the issue of employee petitions, you contend that employee petitions and certification applications are generally instigated by management and represent a significant obstacle to trade unions in achieving certification.

In the last 10 fiscal years approximately 13,000 applications for certification were disposed of by the Ontario Labour Relations Board. Petitions were presented in approximately 14 per cent of those applications. However, in only one per cent of all applications did

the board accept the petition as a legitimate expression of employee dissatisfaction. I would think these statistics indicate that the petition has not been a major obstacle to certification.

Moreover, I have confidence in the board's ability to discern the origin of such documents and to attribute the appropriate significance to them. As long as we have automatic certification in this province, it is difficult to envisage any system of certification which does not allow individuals who have legitimately changed their minds to so indicate.

With respect to the certification procedure, you have also indicated that you would like to see a reduction of the required percentage of support for automatic certification from 55 per cent to 50 plus one per cent. I would say that the present certification procedure provides for a fair test of employee support for the applicant trade union. I would like to note that there is continuing pressure, as you are well aware, from the management community to require a vote in every application, but I believe and I am satisfied that the present procedure we have has proven to be a satisfactory means of determining the sentiments of bargaining unit employees.

You spent some time over the Irwin Toy strike, a troublesome strike that has gone on since June 17, and related it to several first agreement situations, such as Blue Cross and Radio Shack, as troublesome first agreements. If I may, first of all, comment on the Irwin Toy strike, I am sure you know that to date there really have been pretty extensive efforts made by the ministry to assist the parties to reach a settlement. There has been very frequent mediation since the strike commenced on June 17. In September, as you know, a disputes advisory committee, consisting of Bob Joyce, a management consultant, and Terry Meagher of the Ontario Federation of Labour, was appointed. That committee, it is true, did propose terms of settlement, which were not accepted by the employer as a basis for agreement.

I do not think it is my role to comment upon the validity of either party's case, but I do understand that the steelworkers have requested the registrar of the labour relations board to reactivate their complaint under section 89 of the act, a complaint that alleges that the employer has failed to bargain in good faith, and the board will be setting a hearing date for that in the near future.

In that same context you spoke about the issue of first agreements. You and I have talked

about this many times. You know it is my view that we have a mechanism in this province—and I mean this—with Bill 89, which gives recognition to the legitimacy of the trade union movement by acknowledging union security and dues checkoff, in combination with the Labour Relations Board, which has shown that in cases where there has been good evidence to confirm unfair labour practices the board is capable of fashioning remedies, as it did in Radio Shack and as it did in Photomat, but I recognize there are difficult first agreement contracts.

I would, however, like to emphasize that we are talking about very few cases. The vast majority of certifications in first contracts, 90 per cent according to our latest survey, result in collective agreements peacefully reached by the parties themselves.

I also think it is important to mention the experience of the four jurisdictions that do have some type of first agreement compulsory arbitration. To date, British Columbia has imposed 12 first agreements under its labour code; Quebec, 22; Manitoba, two; and the federal government, one, all of which, by the way, require in some form or another evidence of indication of bad faith bargaining. The interesting statistic is that of the 37 I have reported, only four of those agreements have survived. The bargaining rights of the union have been terminated in the other 33 cases.

I would think that the case for first contract arbitration has not been proven, and you yourself have admitted you have gone through many stages in the process of coming to the conclusion that you are now prepared to recommend it. Certainly you know the first reaction of the BC Federation of Labour was one of violent objection, indeed stomping the prairie provinces preaching against it. If they were to review the statistics, I wonder now if they would feel they were right or wrong. They are finally changing their minds.

I hope you will agree that the ministry's conciliation and mediation service makes every effort in all collective bargaining disputes, including those involving first agreements, to secure a mutually agreeable voluntary settlement on the issues of contention, for those are the agreements that will tend to last and to be healthy relationships. I believe that in the long run it is the most fruitful approach to resolving labour-management differences and establishing a strong relationship between the parties.

On the recent Stelco strike you have raised an

issue that has troubled you, the issue of discontinuance of benefit plans during a recent strike. Again, I do not think it is appropriate for me to comment on the content of collective agreements nor the voluntary behaviour of parties in situations, but I am informed that all benefit programs to pensioners, as well as to active employees, were discontinued by the employer effective August 1, and that is not an unusual occurrence in collective agreements throughout the province.

Stelco, as I understand it, did offer Local 1005 the opportunity of continuing the plan during the strike by picking up the premium payments, but this offer was rejected by the union. While the same benefit plans apply to both active employees and pensioners, the position of pensioners during the strike was really somewhat different to that of the striking employees. Pensioners have a paid-up life insurance program under the plan. Moreover, I understand that the majority of pensioners at Stelco are over 65 years of age and therefore have their OHIP premiums paid for by the provincial government.

4 p.m.

During the course of the strike the union initiated a civil action in respect of the cessation of premium payments. This action was withdrawn upon the settlement of the dispute with the employer as a result of that settlement undertaking to do the following: to pay all OHIP premiums retroactively to the first day of the strike; to pay all group life premiums to cover active employees' death claims occurring during the strike; to reimburse locals in the amount of premiums they paid on behalf of strikers during the strike; and to remit to the union the amount paid by it to cover out-of-pocket medical expenses of striking employees which would have been paid under the expired collective agreement.

The strike at Wabco in Hamilton was raised, and you commented on the status of the dispute that troubled you and on ministry involvement. As you know, that strike commenced on—I think it was May 19—and although I have not the briefing material in front of me, as I recall it, mediation took place in every one of the months following that. Indeed, as I also recall it, in September—I cannot recall the date—there was a government-supervised vote on the last offer, which was turned down.

The most recent mediation initiative in this dispute occurred on November 20. The mediator advised me that while he had made signifi-



cant progress, there was not agreement over the second year of the agreement. They did reach some understandings about the first year, but there was still considerable difference between the parties with respect to the second year and mediation broke down at that time. The mediator, nevertheless, continues to remain in regular contact with both the parties.

Again, as I have said in other situations, I do not see it as my role to pass or judge on the propriety of a particular party's position. In the event that one believes that the other is not complying with its duty to bargain in good faith, there is a recourse before the labour relations board.

**Mr. Mackenzie:** I do not want to interrupt your response, but do you not see the weight in a potential dispute or the undermining, or both, of a legal strike and of a collective bargaining situation where a company is able to use the main office plants to ship in the products almost as though it was operating a strikebound plant here in this country?

**Hon. Mr. Elgie:** We have also talked about that in the past and it is a very difficult decision to make about the appropriateness of that. You and I know that a collective bargaining dispute is not a Sunday school occasion; it is an occasion where the parties on both sides use all the economic leverage they can in order to induce the other to reach a settlement. Did some of this material come from outside of Canada, outside of Ontario? Is that what you are saying?

**Mr. Mackenzie:** All of it.

**Hon. Mr. Elgie:** Are you saying that an embargo should be placed on that sort of activity and at the same time an embargo should be placed on strike funds entering the country? What is the balance we are talking about? I appreciate it is a difficult problem.

**Mr. Mackenzie:** The more we have a branch plant economy, Mr. Minister, the more we are subjected to this kind of a weakness in our whole labour relation situation.

**Hon. Mr. Elgie:** You know that Wabco is also on strike in the United States over the same issues.

**Mr. Mackenzie:** That is recent; that happened when their collective agreement expired.

**Hon. Mr. Elgie:** It would be interesting to see what would happen if the Canadian plant starts working and starts sending material down to the

United States, as does happen on occasion as you know. In any event, it is not a straightforward situation and you know my position on it.

With regard to Canadian Home Products Limited, the status of the dispute once again and the ministry's present involvement, the parties in that dispute have been in mediation a number of times since the commencement of the strike on August 31 and regular contact has been maintained with them throughout the dispute. The director of mediation and conciliation intends to call a meeting of the parties in the very near future.

I think we should all recall that a memorandum of agreement was reached by the bargaining agent and those bargaining on behalf of the company at one time, but it was rejected by the employees. Again, let me just reiterate that Mr. Illing, the director of mediation and conciliation, was in touch with the parties last week and intends to get them together for mediation in the very near future.

The issue here is again one of the importation of products, and I really cannot add anything to the discussions we have already had over this in relation to Wabco as well as on this issue in the House. It is not a pleasant event to try to survive during a strike either for the company or for those on strike, but that it what a strike is about. Whether we agree with it as an appropriate tool to resolve disputes or not, that is the way we have in this province and this country. To date I cannot think of a better one than the collective bargaining process as we have it. There may be better ways, but I do not know what they are at present.

You made some comments about strike-breaking activities in the province and asked why such activities are not banned under Ontario labour legislation. The use of replacement employees in the course of a collective bargaining dispute has on occasion resulted in acrimony between the parties and sometimes spills over to the picket line into difficult incidents. I do not believe the problem is a widespread one, nor am I convinced that there are easy solutions to the problems which occur in a very small minority of disputes.

Two Canadian jurisdictions, British Columbia and Quebec, have included, although they are different, anti-strikebreaking provisions in their labour legislation. Experience with both suggests some difficulties in application since the majority of complaints have either been dismissed immediately or have been found to involve no contravention of the law. One of the

major problems with such legislation is clearly the difficulty in distinguishing between a legitimate attempt by a business to carry on operations in the face of a work stoppage and a calculated attempt to break a strike.

While I do not approve of the latter approach to bargaining, I am not prepared to argue that a company should be prevented from operating when a strike occurs. After all, in our system of bargaining it is natural for both sides in a dispute to take steps to mitigate the financial consequences of that strike. Any concerted attempt by legislation or otherwise to prevent one side, but not the other, from the pursuit of this approach risks interfering with the balance of the collective bargaining process.

We have talked about this in the past. If there is any evidence of professional strikebreaking activity taking place in this province, and by that I mean groups that offer professional strikebreaker services, then I would like to hear about it because those are issues we would be prepared to look into and determine whether or not there is an appropriate remedy that could be introduced with regard to that problem.

You made references to job security and full employment. In late 1980 your party did introduce a private member's bill with respect to that, the details of which you have outlined in great detail in your remarks. In that context you have raised very serious questions with respect to layoffs, and I understand that they are serious. I hope you will agree that a number of government initiatives have been taken which deal with important issues raised in connection with rights of laidoff employees. I would like, if I may, to review those steps.

Let me start with my statement last year of October 14 in the Legislature on the question of plant closures. I outlined a program in response to labour adjustment problems that involve the following main legislative elements: first, amendments to the Pension Benefits Act to provide better protection for workers' pension benefits when the plant closes; second, the acceptance of a legislated severance pay plan; third, to ensure payment of workers' fringe benefits in cases where employers give full pay in lieu of notice, through amendments to the Employment Standards Act employees will be deemed to have worked the notice period for the purpose of computing their entitlement to service-related benefits; and, fourth, amendments to the Employment Standards Act to give the Minister of Labour specific authority to require employers to participate in and contribute to manpower adjustment committees.

You will recall that at some hearings in the past we commented that something under 50 per cent of employers were involved in such manpower adjustment committees. I have not seen all of the figures during the past year, but I do recall that in the 36 complete plant closures, 29 of them had manpower adjustment committees. So whether it is a direct or an indirect result of the legislation, we certainly have seen greater participation by management in manpower adjustment processes.

On June 4, 1981, I introduced Bill 95, which was subsequently passed, to provide a legislated severance pay plan in cases where 50 or more employees have their employment terminated by an employer in a period of six months or less and the terminations are caused by permanent discontinuation of all or part of the business of the employer at an establishment. The Employment Standards Act has also been amended to protect fringe benefits, as I mentioned. In addition, the minister has the power to require participation in manpower adjustment committees.

#### 4:10 p.m.

The amendments to the Ontario Pension Benefits Act were unique, I think, in face of the fact that there is considerable consideration being given to the issue of pension benefits. The government, nevertheless, saw fit to proceed with some interim measures. Some of those measures, for example, involve an employee's right to the employer's assets. All contributions by an employee to a pension plan which are in the hands of the employer are deemed to be trust funds. The employee has a lien against the assets of the employer for his contribution. All contributions by the employee to such a plan are deemed to be trust funds, and the employee has a lien against the assets of the employer for the employer's contributions as well.

The employee also was given some rights with respect to information regarding pension plans. The employer must provide information concerning the employee's entitlement once every three years at least, and the employee may upon written request ask for such information about the pension plan to be set out in the regulations.

Another important addition related to employees' options when a plan is wound up. If eligible, the employee must receive his full pension. If eligible for early retirement, the employee must receive his entitlement. If the plan of his new employer agrees, the employee can transfer his pension benefits to that new employer and the employee may transfer his pension benefit to a



registered retirement savings plan. He may also elect to receive his pension benefit as a survivorship benefit, and all benefits must be calculated on a length-of-service term which includes the period of notice required under the Employment Standards Act.

Protection of the employee's entitlement when the pension fund is not fully funded was another feature of the bill. A pension guarantee fund will be administered by the pension commission. The pension guarantee fund will provide funds, when the pension fund does not have sufficient assets, to meet the following benefits: first, all benefits to employees or former members of the pension plan who have 10 years of continuous service or who have been members of the plan for 10 years and are 45 years of age; and, second, all benefits to those retired or to the survivor or to the estate. The employer is liable for any shortfall in the pension plan's funding when it is wound up.

The commission has a lien on the assets of the employer for any payments from the guarantee fund to provide for a shortfall, and employers will be required to pay premiums into the fund as described in the regulations. These initiatives are, of course, in addition to the activities of the plant closure review committee I have referred to.

In the light of the Canadian Admiral Corporation case, you also raised the issue of wage protection. It is a difficult issue. I have endeavoured to explain the government's position in the House. I think the interesting thing is that what has happened in Canadian Admiral has just exemplified the sort of problem I was endeavouring to explain in the House.

The point of view that you and others were putting forth was that severance pay, among other wage entitlements, should be considered as a lien, for example. My response was that the Supreme Court of Canada has said very clearly that such liens cannot take precedence over the secured creditors and that to move into that area of insolvency had certain hazards, the main one being that creditors would clearly just choose to put the company into bankruptcy. That is exactly what has now happened in Canadian Admiral. Five creditors have put the company into bankruptcy.

**Mr. Mancini:** There is a difference between insolvency and bankruptcy.

**Hon. Mr. Elgie:** Sure there is.

**Mr. Mancini:** Some members were not clear about that.

**Hon. Mr. Elgie:** They have now been put into bankruptcy by five creditors.

It is clear that in the case of the vacation pay for instance, for which a statutory lien does exist, by the way, and which claim has been given by us to the agent, that statutory lien is now ineffective because under the Supreme Court of Canada Bourgault case it was held that statutory liens did not take precedence over secured creditors. That is the very sort of problem I was trying to outline in the House. You cannot look at this issue in isolation; you have to take the issue as a total.

**Mr. Mackenzie:** What avenue has the provincial government to deal with bankruptcies or receivership?

**Hon. Mr. Elgie:** Really not very much, except that we have, as you know, been encouraging the minister to consider amendments to the Bankruptcy Act relating to both bankruptcy and insolvency. In the light of the Landry report, he has now indicated he will introduce some interim amendments relating to some limited protection. But I think the key thing, the thing I have already indicated in writing to him, and what we are prepared to commence discussions about had to do with a wage protection fund of some sort. It is not an easy concept and there are questions about jurisdiction in those areas; clearly it has to be something that is always on a joint level.

Reverting to that once again, at least in my understanding of the law and just what the difference is between insolvency and bankruptcy, we now have a situation in bankruptcy where the creditors have to approve of any plan the receiver has with regard to the assets, whereas under insolvency they do not have to have that responsibility to all the creditors. I think the kind of move that was suggested would really impede or impair legitimate efforts to try rather speedily to see if alternative options could be implemented to keep the company going. Under bankruptcy it can still be done now, but it is quite a bit more onerous and it has to receive the approval of a majority of the creditors under the Bankruptcy Act.

In any event, I hope we agree that there is some room for common understanding of those issues. Nobody is trying to take any position of trying to be obstinate about it. There just are real problems and I have indicated we are willing to take part in those discussions.

While praising John Scott with one hand, as we all do every day because he does such a great job, you then proceeded to dispense your concerns about Enzo Haulage. I guess you and John have had many discussions about it. In



response to the point you raised concerning Enzo Haulage, I understand that the branch under John Scott has been in contact with you during the course of the investigation.

In brief, really all I can recount of the facts is that Enzo Haulage, which actually consisted of three companies, was controlled, as I understand it, by the Fracassi family and went into receivership in July 1980. The assets were sold by the receiver to a firm in Toronto which leased the equipment to two new companies formed by the previous directors of Enzo Haulage.

**Mr. Mackenzie:** Same people.

**Hon. Mr. Elgie:** Whether we like it or not, it was perfectly legal. The employees were essentially driving the same trucks as before and performing the same work. As Enzo Haulage had no assets, on order to pay was issued against Allan Fracassi, declared to be the employer, in the amount of \$55,974 on June 14, 1981, for unpaid wages. As you are aware, the order was not paid and our legal counsel commenced prosecution.

On November 22, 1981, Allan Fracassi pleaded guilty to the charge of failure to pay the order. He has been given until February 4, 1982, to make restitution before the sentence is passed. We have reserved our rights to recover all moneys and fines. I really cannot comment in further detail at this time because the matter is still before the court, but I did want to put on the record the efforts that have been taken to date to try to resolve that problem.

The issue of minimum wage comes up very frequently and I know it is an issue about which there are disagreements, but to say that we have the lowest minimum wage in Canada is not accurate. I would submit that my recollection of events is that there are only four jurisdictions which have higher minimum wages. And let us not kid ourselves, there is disagreement about the effect of a minimum wage.

There are those who claim it has an inflationary effect and that society would be better off and better protected if there was no minimum wage. Now I have not been one who agreed with that. We have endeavoured to try to raise the amount at periodic intervals and to raise it enough so that we were not out of competition with our neighbouring states and provinces, but nevertheless to a level that would be in keeping with the historical reason for the introduction of the minimum wage.

You implied in your statement, and I think it may not have come out properly, that domestic

workers were not covered by the Employment Standards Act. In fact they are. I think you should be aware that all domestics, including sitters and companions, have been covered since the inception of the act by provisions that are not hourly based. Since last January domestics, except sitters, companions and those working 24 or fewer hours per week, have been covered with respect to a minimum wage, monthly, weekly, daily or hourly, public holidays and vacation pay as per regulation 1013-1980.

**4:20 p.m.**

The primary reason for excluding domestics from hours and overtime pay provisions is that these provisions would be difficult to apply because of the difficulty in determining hours worked, particularly for those living in whose place of work is also the place of residence. We are concerned about long-working hours, and that is why we established a weekly rest period of at least 36 consecutive hours, a benefit not extended to other employees.

I would submit that imposition of an overtime pay provision on employers would increase costs to the point that it would reduce job opportunities. Let us not forget that in this case we are not talking about costs that are deductible as they are for the average employer. We are talking about after-tax dollars. I think you will agree that an overtime pay exemption is common in other jurisdictions, for example, in the United States, the federal government and British Columbia, just to name a few.

We have talked about the tip-sharing problem quite frequently. I agree that it is a perplexing problem. Some employers in the hospitality industry have tip-sharing or tip-pooling arrangements which require waiters and waitresses to share with other employees a portion of the tips received. Employers indicate that tip-sharing or pooling arrangements are introduced to distribute tips more equitably among various occupations that contribute to the provision of service to customers, thereby promoting harmony among employees and encouraging the maintenance of a high level of service.

Workers who may receive a portion of the tips received by serving staff, such as bar persons, bartenders and maitres d', do in fact contribute to the level of performance in the establishment, the satisfaction of customers and the amount in tips that the customers leave. It is true that efficient and courteous service provided by the serving staff is very important in assuring that the customer is appreciative. It is

probably for this reason that serving employees generally retain the largest portion of tips when tip-sharing practices are in place.

There are a number of collective agreements, as you know, in the hospitality industry which provide for tip-sharing among workers and staff harmony was likely an important consideration in the development of such arrangements. Our staff continue to review the issue and will continue to do so, but let us acknowledge that there are no easy solutions to it and I do not know of many jurisdictions in North America that have found easy solutions to that problem.

Another difficult area you have raised is the area of mushroom farms. You know very well the view of the government with regard to agricultural workers. We have felt—and I think you have intimated it in a private member's bill you introduced—that there were significant differences in farming as an industry that made collective bargaining a very difficult area in which to look at formal collective bargaining as an institution.

What you are really saying is that if you put walls around a unit of a farm and put time clocks in it, then it changes. That may or may not be so. Does it change in every instance? Does it change in a hothouse? Does it change in gardening situations? Does it change in all those situations where there is a roof above it, where there may or may not be a time clock and where there may or may not be parking arrangements? I do not know the answer to that. All I can say to you is that it is worth studying, but I really cannot give you any commitment about it because it is not an area that is easy to consider.

**Mr. Mackenzie:** Surely, Mr. Minister, you cannot find much difference between the soup factory and the mushroom operation, one of which is organized and one which cannot. Both of them are production lines.

**Hon. Mr. Elgie:** The labour relations board found there was a difference for one reason or another, and the employees' agent on that occasion chose not to appeal it. I am not sure why they chose not to appeal it, but they did. In any event, I cannot give you any commitment about that, but I do agree it is an issue worth studying.

You commented upon your constituent in Hamilton who reportedly has had trouble in the past getting employment because he has petit mal epilepsy. I know that is an issue of concern. It is an issue we discussed during the course of the debate on Bill 7. One would hope that Bill 7

would at least give him an avenue to have his capability of performing the essential duties of a variety of jobs considered.

That is the sort of case the bill is aimed at. It does not guarantee him employment in all situations he may apply for because, as you and I both know—maybe not you as much as I—epilepsy has a great variety of symptoms, some of which are easily controlled and some of which are not. The type of job he could apply for would depend on his particular manifestations and the degree of control that could be achieved by the medication he had. Those are the facts that the human rights commission can now consider and look at.

The handicapped employment program is also addressing itself to those very issues. I think the kind of criteria they are developing, particularly in the Hamilton project, will be of assistance not only to employers and employees, but to the commission as well. During the course of our estimates, I hope the handicapped employment division, and Barbara Earle in particular, will be able to give you some of those pamphlets and booklets being prepared. They are very valuable and a lot of work has gone into them. I think they will be of great assistance to everybody involved.

**Mr. Van Horne:** Mr. Minister, before you go on to another theme, I would like to go back to the gentleman from Hamilton whom you and Mr. Mackenzie referred to. I believe I also made reference to this particular case when I was labour critic for our party last year. I think in searching for a job, this man, in addition to his handicap, petit mal epilepsy, has been developing a mental handicap about the whole damned system which has defeated him or broken him down.

It is fine for us to talk about what Bill 7 might do, but I am just wondering if there is a person in your ministry to whom you could direct this fellow. I know Mr. Mackenzie has talked to him and I do not know how many times I talked to him last year. I am sure Ms. Copps has spoken to him too.

**Ms. Copps:** I have talked to him too.

**Mr. Van Horne:** You get the feeling you are part of the mulberry bush that is beating down this guy. I do not know where we go to get a specific line of attack for this guy. Can you give us a suggestion?

**Hon. Mr. Elgie:** All I can suggest is perhaps you can talk to Barbara Earle when the meeting

adjourns and she can give you some advice on it. She is at the back of the room. She is quite intimately involved in this area.

**Mr. Mackenzie:** For the record, he does not have Henry Michalec, who has been referred to by my colleague here. He was at my office again as recently as this Saturday. The one I was referring to was Randy McMann.

**Hon. Mr. Elgie:** Yes, there is a difference. Mr. Mackenzie then started to comment about employment guarantees and equity participation. You seem to feel they should have been important additions to some of the loans, grants and guarantees the government has been involved in. The financial support the Ontario government advances to companies such as Massey-Ferguson is intended to assist the company in continuing its operation. That company did agree to maintain its level of employment in Canada at 13 per cent of its international level. As far as I am aware at this present time, they have not breached that undertaking.

In addition, I hope you will agree that in a volatile economic climate such as the one we have at the present time, we have to ask ourselves how meaningful such a guarantee is. Should the guarantee be withdrawn if, because of circumstances beyond the company's control, it cannot, temporarily or on some longer term basis, live up to that agreement?

We really have to ask ourselves—and I am sorry the member for Brantford (Mr. Gillies) is not here—how the situation would have changed if there was an equity participation in Massey-Ferguson instead of loan guarantees. Would the mere fact there was equity have changed the fact that nobody is buying combines? Nothing would have changed. I do not understand the argument that an equity position in that company would have changed its future. I just do not understand that argument.

There may be situations where equity is important. I hope you will agree, as Jim Coutts did, that participation in Suncor was a good equity investment. There may be other occasions.

**Mr. Mackenzie:** Equity might have given us some say.

Interjections.

**Hon. Mr. Elgie:** Other occasions may or may not arise, and we will have to take them as they come. But I really do not see in examples like Massey-Ferguson or Ford where a grant was given under the employment development fund, or Chrysler where a delayed guarantee was

given with pretty substantial protection, where any of that could have been changed if there was equity participation. Pardon?

4:30 p.m.

**Mr. Cooke:** You did not participate.

**Hon. Mr. Elgie:** Sure we did. There is \$10 million for a resource and development program.

**Mr. Cooke:** Yes, but you did not participate in the job guarantee or any of the other guarantees.

**Hon. Mr. Elgie:** No, that is right. But we did participate in a way which we think has given pretty good security. You actually commended that. As I recall the debate in the House, you commended the bargaining stand taken by the minister and the accomplishments. It was just one of those big love-ins that day as I recall it.

**Mr. Cooke:** Not the accomplishments. Let us not go too far.

**Hon. Mr. Elgie:** You are generally considered to be a fan of his, as I understand it.

**Mr. Cooke:** Whose?

**Hon. Mr. Elgie:** Let us not get into that. I was pleased to hear you read the list of 36 companies that were provided from the plant closure division records. When we get to that appropriate vote and item, I hope you will raise those you wish with Bob Joyce and his staff.

I would like to comment on the involvement of the government in what is referred to as the justification of a plant closure. The special adviser does not have the authority—and you know that—to demand that a company justify a proposed closure. He relies on the co-operation of the company and his own influence as a respected businessman and a labour relations consultant. In cases where he has found it necessary to personally interview the company's management, we have had—and he will report this to you, I am sure—very little difficulty in obtaining the background of the closure.

For example, Bob Joyce has personally met with the management of such companies as Sheller-Globe Canada Limited, Spun Metals Limited, Somerville Belkin Industries Limited and Uniroyal Limited, just to name a few. In these cases it was clear there were basic market or economic reasons for the closure.

In other designated closure cases, the special adviser or the staff in the plant closure review branch met or were in contact with the company's management to obtain relevant informa-



tion concerning the closure. Finally, in many cases, such as the closure of Millhaven Fibres in Cambridge and the Schick razor plant in Scarborough, the company reviewed the full reasons for the closure with the minister as well as with the special adviser.

Also, it should be recognized that many of the closures you referred to in your statement were due to insolvency or bankruptcy—at least nine, as I recall. These companies are not closing out due to their own decision, but rather as a result of an action taken by a creditor. In my view, justification would not be a useful requirement, particularly in those cases. Although you have raised concern about the number of companies, it is our view the initiatives commenced last fall have been worth while and companies have been open in providing information.

**Mr. Mackenzie:** To go back for a minute, I thought I heard you say in your remarks that justification was not one of the measures required or not part of it.

**Hon. Mr. Elgie:** That is right. It is not required.

**Mr. Mackenzie:** How do you square that with your statement in the House on Allen Industries?

**Hon. Mr. Elgie:** The member knows we have within our ministry a plant closure division and a director who, through a consultant or through his own staff, consults with industry with regard to closures to assess the justification for them.

I suppose the word should have been to assess the reasons, and that is what he does. That is no mystery to you. That was in all of my statements last fall and in all subsequent information that has been provided to you. I trust that if I used one word wrongly, you will not suddenly say the whole policy direction has changed. It is pretty well enshrined and we all understand that he tries to evaluate the reasons.

**Mr. Mackenzie:** But it was justification, and certainly your answer seemed to indicate that you were trying to tell us you already had that.

**Hon. Mr. Elgie:** What I am telling you is what I have been telling you since last fall. He evaluates the reasons given for the closure in an effort to determine whether or not there is anything which can be done to turn it around.

You then commented on Bill 157, a private member's bill which you introduced with respect to an Act respecting Economic Equality for Women in Ontario. As you know, the government's view is not in line with the philosophy outlined in that bill, although the government

does have considerable involvement in and commitment to the issue of economic equality for women.

The establishment of an equal opportunity office in the Ministry of Labour and an equal opportunity employment tribunal was one of the recommendations. I would say the women's bureau, the women's crown employees' office, the employment standards branch and the Ontario Human Rights Commission could in some sense all be considered equal employer offices and they fulfil their duties in those areas. The women's bureau affirmative action consulting service actively worked to promote equal employment opportunity in the private sector.

Legislation to promote equal employment opportunity is included in the Employer Standards Act and the Human Rights Code. The Ontario Human Rights Commission has the power to appoint boards of inquiry to hear complaints regarding employment discrimination. The Canadian Human Rights Commission utilizes a tribunal system, but there is no evidence to suggest the board's system is any less just or efficient than the tribunal.

You then referred to the disclosure by designated employers of information relating to rates of pay and the number of male and female employees in occupational categories. There is no present method of getting such precise information by establishment, but there are numerous other data sources which the ministry uses. For example, in October of each year, Labour Canada conducts a survey of all establishments in Canada with 20 or more employees. The survey requests data on wage rates for occupations in each establishment.

This information is then published in *Wages, Rates, Salaries and Hours of Labour*, a volume produced for each major city in Canada and for each province. From the information collected by Labour Canada, the women's bureau produces averages of male and female earnings in Ontario. Estimates on the number of employees in broad occupational categories in the labour force is available from Statistics Canada. As well, the women's bureau publishes fact sheet number two, *Basic Facts*, which contains this information.

You also suggested empowering the director of the equal employment office to order an employer to establish an affirmative action program. Again, let me just reassert the affirmative action consulting service of the women's bureau does exhort the private sector to introduce affirmative action programs and ha

achieved a considerable degree of success. In addition, Bill 7 allows the private sector to implement special programs designed to achieve equal opportunity and it allows the commission to recommend such programs for consideration.

You also recommended the development by the government of a comprehensive skills training and apprenticeship plan designed to increase the number of women in occupational categories in which women are traditionally underrepresented. As you know, the women's bureau maintains close liaison with the Ministry of Colleges and Universities, which has the mandate for apprenticeship training in Ontario. The staff at the women's bureau was instrumental in setting up 10 women-in-trades organizations in Ontario.

The women's bureau provides material on nontraditional occupations and assists community colleges in the development of pre-trades training courses for women. Bureau staff consult extensively with employers as well as Canada Employment and Immigration Commission staff regarding the training and placement of women in nontraditional jobs.

The establishment of a right of every person to universally accessible quality day care for children was also raised. The Minister of Community and Social Services has the mandate for child care in Ontario. He recently indicated the government is committed to the expansion of day care in Ontario. In the development of the government's day care program, emphasis is placed at the present time on the critical needs of low-income families, single-parent families and families with children with special needs. The women's bureau, as you may also know, has produced and widely distributed a background paper on work place child care.

You also suggested there be an amendment to the Employment Standards Act to implement the principle of equal pay for work of equal value that creates sexual harassment as an offence. I trust you know the government's view about equal value. Although it is attractive as a principle of equity in theory, the practicable aspects of implementation and enforcement, in our view, are neither realistic nor viable.

Indeed, the introduction of such a concept was considered to a great extent by the National Research Council in the United States. After three years of study, they did not recommend legislative introduction of such a program. Instead, they recommended that information

about sex-free job evaluation programs be distributed and receive greater attention by the private sector.

I would submit the women's bureau does just that. They have prepared a booklet entitled, *An Approach to Bias-Free Job Evaluation Procedures*. The demand for that booklet has been quite remarkable and distribution of it is quite wide. So we think in that area we are in line with what was recommended by the National Research Council. As you know, sexual harassment is specifically prohibited in a variety of ways under Bill 7. I hope you will agree that particular recommendation has been met with.

**4:40 p.m.**

You mentioned noise regulation, among a variety of matters related to occupational health and safety. Just to review it, in August 1980 the ministry published a proposed noise regulation and many briefs were received. The two key issues raised were the exposure of 85 decibels and the stringent criteria governing the conditions under which respirators were permitted to be used.

It was evident that the ministry had proposed criteria and procedures which could not be complied with in a reasonable manner by many employers. It became apparent that in some industries it was not possible to engineer sound levels down to 85 decibels. In addition, the use of hearing protection would be permitted only after it had been authorized by an inspector and any such authorization was restricted to certain limited conditions.

Although the draft regulation looked good on paper, I am not convinced it could have been administered in the field. With this serious doubt in mind, I asked my staff to consider more realistic alternatives. Consequently, the advice of the Advisory Council on Occupational Health and Occupational Safety was sought. As you know, that council is composed of representatives of labour, management and the public. The council adds to its expertise by periodically calling on experts in the field through task forces. The advice of a task force on noise was prepared by such eminent members of the medical profession as Dr. Peter Alberti, ear, nose and throat specialist at Mount Sinai Hospital, and Dr. Howard Pearsall from Sudbury.

That council recommended that the ministry develop a regulation requiring periodic measurement of sound in work places with 80 decibels or more; audiometric testing of employees exposed to four or more hours of sound at 85

decibels or more; employers to provide personal hearing protection devices where employees were exposed to 85 decibels or more; and employers to reduce sound levels to 90 decibels by whatever means possible, and where this cannot be achieved, to require employees to wear personal protective hearing devices.

I am sure Dr. Mustard, when he is here next week, will be pleased to review with you the reasons for that proposal. The ministry believed that it provided a practical basis for modifying the noise regulation. I would like to take a moment to review the features of the revised regulation.

It required an assessment to be carried out by an employer who has workers exposed to sound above 85 decibels. If the assessment indicates that workers are exposed to 85 decibels for 20 or more hours per week, or if they may have their hearing impaired by noise, the employer must institute a hearing conservation program consisting of engineering controls, work practices and hygiene practices as required to reduce sound levels to 90 decibels; methods and procedures to monitor exposure of a worker to noise; personal records of a worker's exposure to noise; medical examinations and tests; and maintenance of records of medical examinations and tests.

The regulation adopts by reference several codes to provide guidance to employers and workers on the procedures to be used in measuring sound, conducting audiometric tests and providing respirators. It also sets out the minimum conditions for the maintenance of medical records and worker exposure records. The ministry is in the final stages of reviewing the briefs which have been received since the public meeting in July of this year, and the matter is expected to go to council in January 1982.

**Mr. Mackenzie:** Does it mean that 90 was your final decision?

**Hon. Mr. Elgie:** It means that 90 is the level at which engineering controls and other practices must be instituted. Above 85 there has to be a medical program with the provision of protection, and above 80 there have to be periodic evaluations.

**Mr. Mackenzie:** Was 85 the original level which was recommended?

**Hon. Mr. Elgie:** Subject to the final consideration of the council and so forth, when it gets to that stage.

You also raised the question of coke oven

emissions. Following the presentation of the revised coke oven emissions regulations of September 9, 1981, to the company, union and other representatives, the ministry received several briefs. Two of the issues raised concern the application of the regulation to areas not within the meaning of a metallurgical coke oven as defined by the regulation. The second issue related to a coke oven plant employer's increased liability for the workers employed by contractors commissioned to work on the coke oven plant.

The question of the application of the coke oven emissions regulation to work areas other than those within the meaning of the term metallurgical coke oven was raised in connection with coal-handling areas in byproducts operations. The ministry is investigating the need to include these areas within the regulation. The major factor to be considered is whether these workers are exposed to significant amounts of coke oven emissions during a work day.

The second issue concerns the protection of contractors' employees at a coke oven plant. From the ministry's perspective, this matter relates to who is best able to protect all workers on a metallurgical coke oven plant. It is not a question of excluding certain workers from the regulation, but of ensuring that those best able to control the workers' environment should be responsible for all the workers in that environment. Therefore, the intent of the regulation is to protect all workers exposed to coke oven emissions.

However, the particular concerns of the construction industry must be considered. The May 9 wording of the proposed regulation did not take into account the particular problems posed by workers employed by contractors commissioned to work on a coke oven plant. In order to ensure that the contractors' workers were protected by those best able to, namely, the employer and owner of the coke oven plant, the regulation was amended.

This amendment is similar to the wording found in the lead regulation and proposed for other designated substance regulations. However, the ministry has received a comment that this approach will not work effectively in coke oven plants since the employer does not supervise directly the contractors' workers.

The ministry is reviewing this and other matters with coke oven employers at a meeting scheduled for December 21, 1981. It is meeting with representatives of the construction indus-



try to explain the unique circumstances of the coke oven emission regulation. Thereafter, a meeting with unions will be called. Until further consultation has been completed, the ministry staff is not in a position to advise me on the most effective approach to protect all workers at coke oven plants.

You then raised the issue of airway communications with me, and I believe you have in your possession a letter from me, dated December 1, which recounts the events as the ministry sees it. If you wish me to comment on that and read the letter into the record, I will be pleased to. Do you have that letter in your possession?

**Mr. Mackenzie:** I received the letter this morning, and we differ on two points. I think I have written back to you on this particular matter. First, I am not sure what relevancy it has that they had not come to your ministry first but had gone to the city or other authorities first. Secondly, there is the point that they were told the inspector would be back on Monday, whereas they told me he would probably be there by Wednesday.

**Hon. Mr. Elgie:** Dr. Robinson is here. When we get to that section tomorrow, he can comment on it. Those are the records as she has seen them and according to the information obtained. I think the only reason for the reference to calls on November 3 and November 4 to other ministries or other agencies was that you indicated there had been a call made prior to November 6; our records do not substantiate that.

**Mr. Mackenzie:** The first call made was on the Friday.

**Hon. Mr. Elgie:** Was that November 6? In any event, those other references are there only in case there was some mistake on the part of the owner as to whom he had phoned because our first record of a call is November 6. I cannot explain some discrepancies that you seem to see in relation to the events as they are recounted in your history of events, but perhaps when we get to that section you can have greater discussions with Dr. Robinson on that issue.

**Mr. Mackenzie:** I think there is a very important bottom line. We can leave it until that section if you want to, but the bottom line is simply that an employer is worried because he has sick employees on his hands. He has had the problem for a week, during which he has gone to other people, though not the ministry admittedly. Then he called the ministry on a Friday afternoon and was told they may be able to look

at the situation the following Wednesday. Finally, he calls me in desperation. It is not a union which is calling, but the owner of the company.

**Hon. Mr. Elgie:** I think the bottom line should be to read into the record my letter to you of December 1.

"I am advised that a call was received at the Hamilton office of the industrial health and safety branch at 2:30 p.m. on November 6"—and that is a Friday, I believe—"when Mr. Zytaruk complained of odours in his plant and said an employee was complaining of nausea. The manager took steps to initiate a visit to the plant by a representative of the occupational health branch on Monday, November 9. The situation described by Mr. Zytaruk did not appear to be life-threatening and a physician was not available in the immediate vicinity of the plant at the time he received the call.

**4:50 p.m.**

"At 2:50 p.m., some 20 minutes later, on that same date you phoned Dr. Robinson's office. By this time Dr. R. House, an occupational health branch physician, had been contacted, presumably with respect to a visit on Monday, November 9. He, accompanied by an inspector, proceeded to the plant on November 6, arriving at about 4 p.m. Upon investigation, no source of the offensive odour was found inside the plant. It appeared to originate from an adjacent building occupied by Morley Auto Body. Arrangements were made for further investigations, to include air sampling.

"Inquiries made since your call was received by Dr. Robinson's office on November 6 show that Mr. Zytaruk had sought assistance from other sources, none of whom had succeeded in resolving the problem. All of these agencies were contacted before Mr. Zytaruk called the Ministry of Labour.

"It now appears that the odour was caused when a quantity of used paint thinner was dumped between the buildings occupied by Airway Communications and Morley Auto Body on or about November 3. The vapour penetrated Mr. Zytaruk's premises. Cleanup of the spilled material was recommended by Ministry of the Environment staff once the problem was identified.

"To confirm that there was no further cause for concern about fumes or odours from the paint thinners inside Airway Communications' premises, arrangements were made by Ministry of Labour staff to carry out an air quality assessment on November 17, 1981. Because the

testing required laboratory analysis, results of the tests were not available immediately after completion of the sampling process. As soon as the data is available, it will be reported to Mr. Zytaruk.

"I should point out that Dr. House tested the air, using Drager tubes, on his arrival on November 6. He determined that measurements for carbon monoxide and carbon dioxide were normal, and this confirmed his opinion that the problem related to solvent vapours. He judged that these would not be harmful. However, Mr. Zytaruk was not satisfied. Therefore, Dr. House ordered a more extensive air quality assessment.

"In reviewing this matter, I believe the staff of the ministry responded promptly and effectively, despite not being fully appraised of the investigation previously carried out by other agencies. I am very concerned that the assistance of my officials was not sought when the illness among Mr. Zytaruk's employees first became apparent, even though the source of the health hazard was later found to be outside the work place."

I cannot see how the ministry staff can be faulted for their behaviour in that case. It was the officer's impression, having received the call, that it was not a matter of such urgency that it could not wait until Monday for a physician to visit. Following your call and following evidence of the great concern there was, a physician visited that same day and did whatever tests could be done on a hurry-up basis, using Drager tubes, but the more detailed and sophisticated analysis could not be done in any greater haste than it was done. I am not sure what the problem is.

**Mr. Mackenzie:** I am having real difficulty with your answer, Mr. Minister. The facts are that we had a week-long problem here. You did not know about it.

**Hon. Mr. Elgie:** That is right.

**Mr. Mackenzie:** So obviously there was a buildup of concern. One female employee had to leave for home early, as I have since found out. Mr. Zytaruk had the city inspectors in, I believe on Wednesday, and they tested the sewers. I am not sure why, but probably because of the extent of the concern to find out where the smell was coming from in the plant.

It was, as Mr. Zytaruk says, early on Friday afternoon that he finally did what he probably should have done at the very beginning, which was to contact the Ministry of Labour occupa-

tional health and safety division. Then he was told that the ministry should be able to get somebody there the following Wednesday. Obviously there is a disparity in that your check shows it was Monday, but that is not what I was told.

At that point he telephoned me—I do not know why because at that point I had never met the gentleman before—and he was pretty uptight. He asked: "What is my responsibility? I have an employee in the plant who is nauseated. Should I shut down, should I send them home or what should I do? I cannot get the ministry in until next week."

It was at that point I called. It is significant, I think, that within an hour of my call you had people there—and I give you credit for that—which indicates to me there should not have been that "next Wednesday" type of approach in the first place. I clearly understand what happened, namely, that an owner had to get hold of my office because he could not get somebody in the ministry to come and didn't know what to do.

**Hon. Mr. Elgie:** I can only report what Dr. Robinson found following a review of the matter.

**Mr. Mackenzie:** Some of which, incidentally, does not jibe with what I have been told in my own calls back to Dr. Robinson.

**Hon. Mr. Elgie:** We can go back and forth about who said what and who did what. All I can do is report to you what happened.

**Mr. Mackenzie:** In the Airways Communications case, when I called back to the ministry spilled solvents were not mentioned at all. The problem was the lack of filters in the exhaust fans in the building, as I found on my second or third call. I suppose it could end up being the same thing, but one of the answers I got was that the filters, for whatever reason, in the other building had been removed and that they were blowing the doggone fumes out of the building. That is exactly what I was told as one of the answers. I was also told that there was a bit of a mix up and it was unfortunate.

**Hon. Mr. Elgie:** I really cannot add to what I have said already. If you want to explore it further with Dr. Robinson under occupational health and safety on Wednesday, perhaps you will feel free to do so.

You then asked about the infamous list of proposed priority substances which was prepared within the occupational health and safety division in 1977. That list was subdivided

according to the priorities as they were seen at the time. First of all, substances that were allocated for designation initially were asbestos, inorganic lead, isocyanates, mercury, noise, silica and vinyl chloride. Formal notice of intent to designate under the Occupational Health and Safety Act was published on June 28, 1980. Proposed regulations were published on August 16, 1980. I would like to note that the publication of draft regulations in 1978 was made in order to stimulate public comment and discussion concerning the control of toxic substances because by that time the Occupational Health and Safety Act was not law and had not even been proclaimed.

Substances under the 1977 list under the heading of priority nondesignated, but which were probables for designation, were beryllium, benzene, coke oven emissions, organophosphorus compounds, radioactive products of uranium mining, fluorides and hydrogen fluoride and polychlorinated biphenyls. Of these, notice of intent to designate coke oven emissions was published in June 1980 and a proposed regulation was published on May 9, 1981. It is expected that the revised regulation will be submitted to the advisory council early in 1982.

For the other substances on the list, the status is as follows, and you will note that the status reflects some changes in the perceived priority needs. Project specification to provide background information concerning beryllium has been prepared but not tendered. A background consultant report has been prepared for benzene and is currently under review within the division.

Organophosphorus pesticides were included in an in-house review of pesticide exposure in manufacturing processes that was carried out earlier this year. Radioactive products of uranium mining were deleted as this matter falls under federal jurisdiction. Fluorides and hydrogen fluoride have been transferred to the list for 1982 or after. Polychlorinated biphenyls were removed from the list after new uses were banned. Guidelines have been developed for worker protection in spill situations.

Possible nondesignated substances listed carcinogens, and a list of 12 substances was submitted. As you are aware from my comments yesterday, the advisory council is preparing a memorandum on carcinogens policy. Some of the substances included in the list are to be found in part eight of the criteria list which we have published recently for discussion.

Guidelines were to be prepared for some 38

substances and agents. I will go through the list with you and indicate the status of each. Arsenic was on the 1979-80 list, and work is in progress on background data upon which a decision can be taken concerning possible designation.

**Mr. R. F. Johnston:** Background information is being developed now?

**Hon. Mr. Elgie:** Yes.

**Mr. Mackenzie:** That was on the list we got, Mr. Minister, in 1979-80?

**Hon. Mr. Elgie:** We went into the reasons and the problems in designation in great detail in the opening statement, and there really is no point in going over them again. It is interesting, and if you want to see it, then I suggest you take the time to read the introduction.

**Mr. R. F. Johnston:** I was here and read it.

**Hon. Mr. Elgie:** We covered those problems very explicitly.

**Mr. R. F. Johnston:** You are now skating around the issue of inaction in some instances.

**Hon. Mr. Elgie:** That is your perception and, of course, your role is to criticize. If you did not, I would not expect you were doing your job. My job is to try to explain the facts as they are. Whether you accept it or not is your problem, not mine, but we both have work to do.

**Mr. R. F. Johnston:** The problems are working problems, not mine.

**Hon. Mr. Elgie:** With carbon monoxide the Ontario guideline exposure level of 35 parts per million is less than the exposure limits set in other jurisdictions and appears to provide adequate protection. Carbon disulphide is included in the criteria list, but no further action is perceived to be needed at this time. Chlorinated hydrocarbons are on the 1981-82 list, and work is in progress towards collection of relevant data for several such substances, for example, trichlorethane, trichlorethylene and tetrachlorethylene.

5 p.m.

A contract study is in progress on proteolytic enzymes. It includes collection of information on some proteolytic enzymes which may be regarded as hazardous biological agents. Subtilisins are included in the criteria list, part two, with a ceiling exposure criterion of 0.06 micrograms per cubic metre of air. Ozone was investigated by the division in the context of emissions from office copying machines. No particular problem was identified and ozone is included in the criteria list.

On oxides of nitrogen, exposure limits for



nitric oxide and nitrogen dioxide are included in the criteria list. The specification for a project to collect further data has not been completed. It is intended that the project will be contracted out. Sodium hydroxide is included in part two of the criteria list. No special action is perceived necessary. Work is in progress on cadmium and compounds to provide background data upon which a decision will be taken concerning possible designation. Background documentation has been prepared on chromic acid mist and chromium compounds and is under review.

Cotton dust is included in the criteria list. It is not perceived to be a major hazard to health in the Ontario work place. Trichlorethane is one of the chlorinated hydrocarbons for which information is being collected at this time. Cyanides are included in the criteria list and no new problems are perceived. Background documentation has been prepared on styrene and is under review. Project specification to collect background information on chlorine has been prepared but has not yet been tendered.

For formaldehyde, background data has been prepared and is under review. Nitric acid is included in the criteria list. No special action is thought to be needed at this time. Ammonia is included in the criteria list. On epoxy resins, a project specification to collect background information is to be developed and a contract should be let in 1982. This contract will include epichlorhydrin and trimellitic anhydride.

Methylene chloride is included in the criteria list. It is also a chlorinated hydrocarbon and may well be included in any decision affecting such substances as a group. For acrylonitrile, background documentation has been prepared and is under review by the division. With regard to alcohols, various alcohols are included in the criteria list. There is not perceived to be a particular need for further action. The problem of cold stress has not been fully addressed by the division and comparatively little information is available. It is currently under study by the American Conference of Governmental and Industrial Hygienists, ACGIH, and is being kept under general review pending a detailed study.

On microwaves, part 11 of the criteria list contains exposure criteria for microwave radiation. Some data has been collected within the division and no further special attention is seen to be needed. Methylene dianiline is included in the criteria list. The guideline value for exposure is lower, 0.04 milligrams per cubic metre, than in any other comparable lists. Work is in progress at present on collection on back-

ground information on aromatic amines. A decision on further action will not be taken until the report has been completed.

With respect to keytones, a number of keytones used as solvents are included in the criteria list. A contract specification has been prepared and will be tendered shortly. Mineral spirits and oil mists are included in part five of the criteria list. There is not perceived to be a need for special review at this time. With regard to vibration, no particular action has been taken beyond keeping the subject under review. It is a subject identified by ACGIH as meriting further study. Hydrogen chloride is included in part two of the criteria list. No further action is seen to be needed.

Work is in progress on diesel emissions to collect sufficient information and data to determine the best strategy to control diesel emissions. The problem is a complex one; staff would be pleased to elaborate if more information is needed. For nickel, a project specification for collection of data has been prepared and proposals are to be submitted before January 4, 1982. The early strategy regarding nickel was not pursued because of the extensive and helpful dialogue with interested parties.

Wood dust is included in the criteria list, but has not been the subject of detailed study. New information relating to the health effects is reviewed as published. Antimony and some compounds are included in the criteria list. No further action is seen to be necessary at this time.

Since the original list was prepared, alterations have been made from time to time to reflect changes in perceived needs and priorities. Where a substance appears to present a limited hazard to workers despite acknowledged toxicity, a lower priority has been allocated, for example, beryllium.

Other substances and topics have been added. Those under review include hazardous biological agents, anaesthetic waste gases, toxic substance labelling and ethylene oxide. Yet to be commenced are detailed reviews of nitro and nitroso compounds, iron oxide, organo tin compounds, pharmaceuticals, sulphur dioxide, wood preservations, ultraviolet radiation, acrylic acid, amide and esters, and predictive tests for hypersusceptibility.

New data sheets are being prepared for use by the division staff to supplement manufacturer's data sheets and guidelines for product use. Those completed as of November 27, 1981, relate to trichlorethylene and beryllium. Data

sheets are in preparation for a long list of substances, starting with ethylene oxide and including such substances as cadmium, toluene, tetraethyl lead, inorganic lead, cyanide, tetrachlorethylene, chlorine, silica and asbestos.

Mr. Chairman, if I may, I shall finally turn to comments that were made about the human rights bill. Mr. Mackenzie referred to what he saw as inadequate enforcement in the province. I do not think there is any argument that the commission has had a backlog. Its highest backlog on September 1, 1980, was 1,177, but through diligent efforts by the commission that comparative backlog of September 30, 1981, is 844; so there has been a reduction in the past year of some 333.

I hope I do not need to explain some of the reasons for the backlog. The complexity of cases has been increasing. As you know, in our new Bill 7 human rights revision there is a six-month limitation of action, with some discretion given to the commission with regard to special circumstances, whereas in the previous code the commission was required to investigate complaints that might go back many years. That involved a great deal of time and endeavouring to obtain the evidence that was necessary to carry out the complete investigation. You will also recall that under the previous code they were required to complete each investigation, whereas under the present code if they feel that the matter is frivolous or vexatious, they can decide not to proceed.

There are many things in the present code that will facilitate a more rapid disposal of cases. The rapid case method which has been introduced has shown very good results, and we think it will bring about improved processing of cases.

**Mr. Mackenzie:** What is the time frame now for the 800-and-some cases on which you have a backlog?

**Hon. Mr. Elgie:** I do not have those particular data with me. You can get that when the commission appears before you.

I do not want to run through all of the reasons for the improvement, but I do want to say that the addition of staff was important. Of particular importance was the hiring of an in-house legal counsel. In the past, as you know, they had to get outside legal opinion, which might take some time; so the addition of an in-house legal counsel has considerably facilitated that problem. In addition, I think the introduction of the rapid case process method has resulted in

significant improvement with respect to time, but I do not have exact figures and details at my disposal at the moment.

I was a little concerned about your remarks that people are losing faith in the system. I find that hard to accept. I think we have just been through a process that shows there is a good understanding of, if not an agreement with, all the things that are covered and proposed to be covered under the human rights act. I know and you know there will be some people who feel the system has let them down.

I do not know of any situation in any judicial or quasi-judicial process where people do not feel the system has let them down and I do not think that should lead any of us to believe the system is not working. I think we have a fine human rights commission and an excellent staff who are respected throughout Canada, and I mean that sincerely. I have been to meetings and I know the kind of respect they hold.

Let me say, quite frankly, that none of them is held in greater respect than Dr. Crittenden. I know you made some comments with which I do not agree. In saying that, I think you have not really analysed all the things that have been accomplished while she has been the chairman, not only things like the rapid processing method, but it has been under her domain that the commission now publishes a regular public education journal, entitled *Affirmation*, which has been well received and is well circulated to a group of about 10,000.

She has been involved in establishing a consultative committee of religious leaders, a race relations and community and ethnic relations division. She was involved in a major advertising campaign. Under her dominion the human rights commission now publishes its own annual report, which was never done before. She has been very much involved from a leadership point of view with encouraging the commission to be more activist; the record of the number of boards of inquiry appointed over the years will substantiate that.

5:10 p.m.

She also instituted the concept of a panel of commissioners meeting weekly to review every case prior to closing. It was under her jurisdiction that sexual harassment in the employment context was introduced under the existing code. She has been at the helm while the administrative procedures have been streamlined. In 1980 she was chosen as chairman to represent Canada at the United Nations Human Rights Commission annual conference in Geneva as a

recognition of the contribution she has made. So I have no hesitation in disagreeing with you about Dr. Crittenden and the awareness of the problems and the sensitivity she has to the issues of human rights.

I was interested that although you are no Tory supporter, you would praise Gordon Fairweather. I was interested, of course, to note that Gordon was at the Ontario Hospital Association last week and praised Bill 7. I think he is quite a remarkable guy. He and I have corresponded on occasion and I should like to have him meet you. Perhaps if you can share that kind of support for a well-known Tory, you could move a little bit and gain some broader support and greater understanding of the broader point of view in society.

**Mr. Mackenzie:** The question was not so much one of support and understanding of the problems, but of the initiatives he was willing to take. You will find that a number of organizations very much involved in human rights, the Ontario Federation of Labour and others, have serious concerns about what is going on in terms of the boards, the number of hearings, the backlog of cases and whether or not we are going to be able to meet the expanded potential coverage under the new bill.

**Mr. R. F. Johnston:** What was the actual reduction in backlog from last year to this? There are only about a hundred-and-some cases?

**Hon. Mr. Elgie:** No. From one year over the next year it has been a reduction of 333, but I can get all of the details here if you wish.

**Ms. Copps:** Can you tell us about the turnover of cases?

**Hon. Mr. Elgie:** No, I cannot give you that data, but we can get that when the commission appears before you.

Finally, and I do not want to prolong things, you raised the issue of recent graduate advertising, and we have asked the human rights commission for their comments on it. I may say that although many recent graduates are young, many others fall in the age range of 40 to 65. It is the commission's experience that employers are referring to recent credentials in occupations and professions and that the chronological age of applicants is not necessarily a factor in their exclusion from employment. Having said that, the commission, nevertheless, accepts complaints from all persons who believe that as a result of that type of ad they have been refused

an interview or employment because of their age in cases where things like "recent graduates" have been specified.

Employers have recognized, I suspect, in recent years a growing trend towards career changes and upward job mobility among both men and women and more and more persons are undertaking career development on a full-time or part-time basis; accordingly recent graduates may be found among all age groups. In any event, the commission accepts all those kinds of complaints to see if there is any evidence of discrimination on the basis of age, which may be something that is intended in the phrase "recent grads."

**Mr. R. F. Johnston:** Has anybody won one of those cases?

**Hon. Mr. Elgie:** I do not have that information. You will have to ask the commission. They ought to be able to obtain that information for you.

**Mr. R. F. Johnston:** The other thing which interested me was getting some idea of the percentage of older graduates. You said the commission thought it was significant. I would be interested to know.

**Hon. Mr. Elgie:** I shall ask them if they have that information as well.

Mr. Chairman, that brings my remarks to a conclusion. The issue we raised—before you were here, Ms. Copps—was whether or not we could proceed with the topic of industrial relations, because Mr. Pathe cannot be here next Monday. If you are not prepared to do that, that is fine. We can arrange some other day next week. Does it matter to you? Okay. What do you think, Mr. Mackenzie?

**Mr. R. F. Johnston:** We will agree to that.

On vote 2401, ministry administration program; item 1, main office:

**Mr. Chairman:** We are on the the first item of the first vote, main office. Part of the opposition critics' statements and comments are on that particular item and that vote. I would like to ask if there are any further comments or questions on the first item so that we can then proceed, as agreed, to go to the second vote and the first, second and third items.

**Mr. Mackenzie:** Hang on. For those who want to get the procedure correct, we do have some more under the head office vote or the general discussions. I understood that what you were asking for now was a move to the second vote.



**Mr. Chairman:** Yes. We are on the first item of the first vote, Mr. Mackenzie, and it is only proper for me to ask whether there are any further questions now or whether we would want to leave this particular item and proceed to the second vote.

**Mr. Mackenzie:** I think we should leave it if you want to do the second vote.

**Mr. Chairman:** Is there general agreement then that we leave this and go to the second vote? Mr. Pathe will be appearing. Is there anyone else who is involved, Mr. Minister, on the second vote?

**Hon. Mr. Elgie:** Yes. Dr. van Beinum, director of the Quality of Working Life Centre, is here on this vote and also Mr. Ray Illing, the director of the mediation and conciliation branch.

**Mr. Chairman:** The first item in this vote is program administration. Do you want to begin your comments on the first item or perhaps move on to the conciliation and mediation services, which is the second item? I would imagine it does not make any difference. Program administration basically deals with the objectives. If your comments are general in nature, we could start with the first item.

On vote 2402, industrial relations program; item 1, program administration:

**Ms. Copps:** Specifically relating to the Quality of Working Life Centre, have you looked at other jurisdictions to see what kind of work they are doing in terms of quality of working life, the kind of legislation that has been brought in and whether there would be a recommendation to the minister to bring in quality of working life legislation as a component to the work you are doing on the quality of working life in the community?

I am referring specifically to a newspaper clipping, which you may have seen, from the Toronto Star of July 1, 1981, in which the columnist talks a little bit about the quality of working life and what we are trying to do in Ontario. Then it talks about what has been done in Sweden where they have actually brought in legislation relating to more flexible job conditions to guarantee the quality of working life. I wonder if you have been doing any research in that area in the Quality of Working Life Centre.

**Dr. van Beinum:** I know a little bit about what is going on in other countries. It is correct that in Scandinavia, Norway and Sweden in the context of occupational health and safety there is legislation for certain kinds of working condi-

tions, which includes some of the fundamental values and principles of working life, such as opportunities for learning on the job, a certain amount of variety in work, and opportunities for developing meaningful relationships with colleagues. There are other developments in Holland and other places in the world in that direction.

However, the Ontario Quality of Working Life Centre is working on a different premise, which is that it is only possible to sustain the fundamental values and principles for the quality of working life if they are seen as living elements in a living situation. They have to be translated for different situations and they have to be translated in terms of particular technologies. What is possible in an assembly line technology is quite different from what is possible in informational high technology such as in a chemical factory.

5:20 p.m.

The approach taken by the centre is based on a joint search, which includes union, management and workers, to see what the opportunities are in a given work situation for improvement of the quality of working life, taking into account specific characteristics of that situation. So it is a different approach from some of the studies developed in other countries.

**Ms. Copps:** What kind of a factor do you think stress plays in productivity?

**Dr. van Beinum:** The objectives of the Quality of Working Life Centre are to improve the quality of working life. A spinoff of the higher levels of involvement of people in the work situation, a spinoff of increasing the autonomy of workers in the work place, and a spinoff of increasing opportunities for ongoing learning and for more variety may well be in the area of increased organization effectiveness, which may reflect itself in productivity but which can also reflect itself in less grievances or less labour turnover or shorter learning cycles.

**Ms. Copps:** Would you agree with this columnist in the Toronto Star who believes that stress causes more lost production time than strikes in Canadian industry?

**Dr. van Beinum:** I have no information on that.

**Ms. Copps:** It would seem to me that stress is one of the major components of the quality of working life or the lack of it. I think a study has been released quite recently which showed, surprisingly, that people who work in sometimes redundant clerical jobs can be as stressed

in their line of work as air traffic controllers. That surprised a lot of people because most of us have the intuitive notion that air traffic control is a very stressful job and that people who are working in clerical positions are not subject to stress.

It seems that the whole notion of stress is that work can give us a new handle on the quality of working life and what should be done with it in repetitive, automated jobs and not just in the nonautomated type A stress businesses. I am just wondering why you have not explored that in greater detail in the work you are doing in the Quality of Working Life Centre.

**Dr. van Beinum:** I believe personally that stress in its most fundamental meaning is a normal phenomenon of life. What the quality of working life does is to provide conditions under which people can cope with stress. I think the major issue is whether they have opportunities for coping with stress if they are in situations which are stressful. I think the danger is where there is not opportunity for coping with stress.

In other words, there are many occupations, such as running a distillation unit or a cat cracker in a chemical plant where the level of attention and the level of complexity of decision-making as carried on by operators can be quite stressful. I think the real challenge is how can we create conditions under which people can cope with stress and learn to cope with stress. We can never do away with stress because then we do away with living conditions.

**Ms. Copps:** I do not think the idea is to do away with stress, but to create an environment where stress is not such that it is causing a severe lack of productivity. According to this columnist and other experts I have heard on the subject, stress is one of the major causes of absenteeism and a number of problems related not only to people who work in what we would call traditional high stress jobs, but in redundant, repetitive jobs.

**Mr. R. F. Johnston:** It sounds like cabinet ministers.

**Hon. Mr. Elgie:** That is life. You need that stress to live.

**Ms. Copps:** Take a simple concept like flex time. What do you think of flex time in terms of the quality of working life?

**Dr. van Beinum:** I think flex time is an important function. However, it does not affect the quality of relations between people and their tasks. If you have a very monotonous task, one which does not give you any opportunity to

have any say in the way it should be carried out, flex time does not help you; it does not reduce that.

**Ms. Copps:** You do not think that the notion of having flex time encouraged or brought in across the province would allow people a more comfortable working environment in that they are setting their hours rather than having them set at an arbitrary nine to five?

**Dr. van Beinum:** Oh, sure, in a very broad sense. I think we should be aware of the fact that it is a fairly positive development. However, it does not change the nature of the work.

**Ms. Copps:** What are you doing in your centre that changes the nature of work?

**Dr. van Beinum:** In the various field projects, which are all managed by joint union-management steering committees and on the daily level are being managed by task forces consisting of workers, they are trying to identify the opportunities in a given work setting for increasing autonomy, involvement, variety and opportunities for learning. In other words, they are trying to address themselves directly to the nature of the relation between people and their task.

That varies very much. For instance, in assembly line technology, which is one of our projects, the opportunities are quite different from the opportunities you have when you are engaged with the involvement of workers in the design of a new chemical plant. It varies from situation to situation.

**Ms. Copps:** What kind of relationship do you have with researchers in the area of occupational health and safety?

**Dr. van Beinum:** That is limited.

**Ms. Copps:** Limited being yes, no, or maybe? Do you have some relationship and what areas are you collaborating with?

**Dr. van Beinum:** There are no specific areas in which there are joint programs at this stage. In our work we have not come across any situations where we were confronted with a clear interface between the kind of activities the various task forces in the various industrial settings are engaged in and issues of occupational health and safety. That may well come.

**Ms. Copps:** The reason I raise that issue is just as an aside. Some companies seem to be taking a fairly aggressive approach to the interface—I hate to use that word “interface”; it is so bureaucratic—the relationship between the quality of working life and the notion of occupational health and safety.

To draw one example to your attention, Dofasco in Hamilton is redesigning the cabs of cranes because it has discovered through statistical analysis of workers' injuries over time that crane drivers are in one of the most stressful jobs in the plant. Secondly, because of the position they must assume to reach for the gears, they are subject to low back problems. They have been working with the occupational health and safety division of their industry and with the quality of work people to try to redesign a chair for those workers. Actually, I think what they are doing is taking the chair away altogether in order to redesign a cab in which the driver could assume a position which would avoid the occupational hazards of the job.

It would seem to me that one of the components of the Quality of Working Life Centre should be not only reacting to the working life situation as it is, but anticipating where problems are going to develop in the future and how you can work with occupational health and safety to eliminate them.

**Dr. van Beinum:** I can give you one example. We are engaged in one project in which the whole technological system is going to be changed 12 months from now as a result of introducing new products. At present a joint union-management task force, which has developed as a spinoff of the quality of working life project, is going to look at the design of the new layout and the new technology with a very wide perspective, including those more ergonomic issues which you just referred to. This is the first time that has occurred.

**Ms. Copps:** What kind of new technology is being introduced?

**Dr. van Beinum:** It will be an assembly line technology with these new products. It means that the whole line has to be redesigned with all kinds of choices in terms of physical distance and so on.

**Ms. Copps:** You will have to bear with me, but is it column one which relates specifically to program administration for quality of working life? The reason I am asking is that I have an article here which quotes Mr. Elgie, who was speaking at the opening day of a five-day conference on the quality of working life, as saying that the Quality of Working Life Centre spends about \$600,000 a year in trying to encourage concepts in the ministry. I see transfer payments at the bottom of the tune of \$24,100 and I am wondering what happened to

the remainder of that \$600,000. The item reads, "Grants to organizations and individuals for promotion of quality of working life."

**Mr. Mackenzie:** This isn't the vote it comes under, Mr. Minister.

**Mr. Pathe:** The quality of working life is included in program administration, vote 2402, item 1.

**5:30 p.m.**

**Hon. Mr. Elgie:** Do you mean under grants to organizations and individuals?

**Ms. Copps:** Yes. It is shown as \$24,100.

**Hon. Mr. Elgie:** Yes.

**Ms. Copps:** I just wondered how that jibes with the story I have here from the Toronto Star which says, "The Quality of Working Life Centre spends about \$600,000 a year encouraging concepts in the industry." I just wondered what happened to the other \$575,000.

**Mr. Pathe:** Mr. Chairman, the entire budget of the Quality of Working Life Centre is included in program administration.

**Ms. Copps:** Do you have a breakdown?

**Mr. Pathe:** I believe the finance people who are here — Mrs. Burak and Mr. Webster — would have a breakdown. It is about \$600,000, which is included in that \$1 million or so.

**Ms. Burak:** The total budget for the Quality of Working Life Centre is \$671,000. That is broken down, just as all the other votes are, according to salaries, benefits, services and so on. It is also tied in with the budget for Mr. Pathe's office. The \$671,000 is included in that \$1,007,700 you see.

**Ms. Copps:** The components would include salaries and wages, but you also have a very large component under services. Could someone elaborate on that? Are those for the services of private entrepreneurs that you bring in?

**Dr. van Beinum:** It includes consultants, educational programs and some small amount for staff, but the major portion is for external consultants.

**Ms. Copps:** Can we have a breakdown on the number of consultants hired and the amount of money that was paid to them?

**Dr. van Beinum:** Yes.

**Mrs. Burak:** We do not have it with us today, but we can provide that.

**Ms. Copps:** I am always interested in finding out about consultants' fees.



**Mr. Chairman:** Could you provide that for all the committee members? We would all like to have copies of it.

**Ms. Copps:** I will touch briefly on another element, which is not directly related to the quality of working life, but to the quality of life of some who are not working. That is the notion of how the tremendous unemployment level among handicapped people is affected by the accessibility of the work place. Does any part of the quality of working life budget deal specifically with integrating the handicapped into the work place, or would you leave that totally to another aspect of the ministry?

I have wondered if there was any rationale for totally separating the quality of working life concept as it applies to those who are now employed from those who are potential future employees. It seems to me there should be a tie-in of the quality of working life in general with the quality of working life for the disabled.

I refer to a comment made by Dr. Elgie, as quoted in the Financial Post this year, in which he states that underutilized manpower through the disabled represents an absolute cost to the gross national product on account of financial losses that we, as an economy, have been subjected to as a result of the fact that we have an unemployment rate among the handicapped of between 60 and 70 per cent. Certainly if the notion of improving the quality of working life is tied into productivity, and I think there is a component of that in the kind of work that you are trying to do, then presumably the disabled should be playing a role in that.

Do you have specific criteria or guidelines for your centre? What would be your main objective, other than to improve the quality of working life, which should be self-evident? Objectives which can be measured is what I am looking for.

**Dr. van Beinum:** That is two questions. The first is, do we have a strategy? The second question is, if I understood you correctly, how do we evaluate within the strategy?

**Ms. Copps:** Yes.

**Dr. van Beinum:** The strategy is based on the notion that we should develop a set of almost interlocking interdependent activities of which the major one is the stimulation of projects on change in the direction of working life in industrial settings. That is our major thrust. Linked to that, we have an educational program which stands by itself, but at the same time is a backup service for the field projects.

The development we have seen in the last year suggests that in the future more demands will be made on designing specific educational trends in almost tailor-made fashion for the various field projects because they move in different directions and at different speeds and because workers' and management-union problems in the various settings have different kinds of needs as far as learning is concerned.

A third activity is in the area of diffusing information, which is to some extent linked to the general educational field, but also is a separate program consisting of a news journal which we publish and occasional papers and pamphlets. Also, we are developing a kind of centralized information system which we can mobilize in a variety of ways. Last year we sent out more than 10,000 information kits, many of them tailor-made and quite a few of them sent in response to requests from education institutions, industry, unions, local authorities and so on.

Those are the three major activities: field projects, education and the gathering and diffusion of information. We see those as being the major foundations of any strategy the centre may have.

We believe that in order to have impact on the Ontario scene we should try to facilitate the way the various activities can learn from each other. In other words, we are slowly developing activities which will stimulate the networks of people who are engaged in quality of working life activities to learn from each other by means of interacting with each other. For instance, one network is emerging which involves unions that are working in quality of working life projects. They meet regularly. One could almost say they engage in interorganizational learning.

Another network which has developed is one of internal resource people or facilitators consisting of both management and union people. We are exploring more opportunities for this kind of new development in the hope that the impetus of initiating further developments will come increasingly from the environment itself and that they will start there to interact with each other. We see that as another development down the road as far as strategy is concerned.

**Ms. Copps:** The second part of my question is whether you can quantify your results.

**Dr. van Beinum:** Here we have difficulty because we get two kinds of data. Some data lend themselves to, say, numerical analysis where one can put a figure to it, such as fewer grievances, less labour turnover or increase

productivity. The other data have to do with increased autonomy, increased variety, increased opportunities for learning and an increased sense of meaningfulness. These are valid uses which are reflected in such expressions as human dignity and are much more difficult to measure.

**5:40 p.m.**

We are trying to stimulate our client systems to develop criteria by which they themselves will determine whether or not they are making any progress. In other words, we believe the fundamental function of working life is such that an evaluation with regard to their application has to be formulated and expressed by the people themselves. It cannot be done by outside people who superimpose a questionnaire and measure something. So we get two sets of data.

**Ms. Copps:** Can we have access to the first set of data?

**Dr. van Beinum:** Yes. It is being gathered on a local basis because each project will develop its own facts, criteria and strategies.

**Ms. Copps:** And you are not collating this on a province-wide basis?

**Dr. van Beinum:** No. We advise them, but it is their project. It is their property and they run it.

**Ms. Copps:** You have talked about client systems and field projects. I assume they are one and the same.

**Dr. van Beinum:** Yes, that is right.

**Ms. Copps:** In your client system presumably, to give you an example, you are going out to factory X which calls upon you to come out and improve their quality of working life. You make input and they quantify their results and it is their personal property.

**Dr. van Beinum:** We work with them on almost a weekly basis.

**Ms. Copps:** What kind of financial commitment is required from the company to take advantage of your services and develop their private data? You said the results are their private property.

**Mr. Chairman:** If I could just interfere, the Hansard people have problems recording your questions. If you could just speak into the microphone.

**Ms. Copps:** You said the client systems or the field projects develop their own data which become their property. I just wonder if they make a financial contribution to the Quality of Working Life Centre. What kind of payment do

they make for services rendered since this government seems to encourage or is moving towards a user-pay philosophy?

**Dr. van Beinum:** We do not charge anything for our services. They do make payments because they have to make payments for overtime and the appointments of internal source people. There are all kinds of other costs involved and they do make payments, but not to us.

**Ms. Copps:** They pay their employees for working overtime, but they've always required that.

**Hon. Mr. Elgie:** There is the time they spend on task forces. There is quite a considerable commitment of time.

**Ms. Copps:** I was just curious about that because it seems the government is moving more and more into the area of user-pay. It is interesting it seems to be applied on a selective rather than on an objective basis.

**Mr. Armstrong:** I think something has to be added on this. The projects now being undertaken, Ms. Copps, as you know, are with unions. In this early stage the unions have made it quite clear they do not want to see these projects sponsored financially by the companies participating. That is the attraction to the government third party and neutral role.

As you may have heard and read in the clippings, unions have some considerable scepticism reflected at the Ontario Federation of Labour convention and a company-funded project at this rather fragile stage of development in the quality of working life in Ontario might well be counterproductive. In due course I think one has to talk about moving to management funding, but I think Dr. van Beinum would agree it would probably be premature at this stage.

**Ms. Copps:** Does the budget come specifically from general revenues or from corporate taxes? Where does it come from? I am not necessarily advocating that a specific company be levied, but certainly in terms of a general pool of funding, we should be drawing from a specific area. You are pulling this money in from general revenue at the moment?

**Mr. Armstrong:** It comes from the consolidated revenue fund.

**Mr. R. F. Johnston:** Can you give us a list of these projects? In your notes on page 38 you list a few of them, but it would be really nice to have

a list of the projects and where they are and what stage they are at. That kind of basic information would be interesting to have.

**Hon. Mr. Elgie:** There are 10 projects now, are there not?

**Dr. van Beinum:** At this stage, eight. We had nine. One was a small project we just completed and there are other two which are in a holding position. We have eight active projects at this moment.

**Ms. Coppins:** Are the eight active projects the only projects that have gone through the quality of working life system, other than the two that dropped out? Have you had other graduates?

**Dr. van Beinum:** No, we are in an early stage. There are no graduates and no alumni yet.

**Ms. Coppins:** In other words, we are paying \$671,000 for eight projects in which the public does not have access to quantifiable results?

**Mr. R. F. Johnston:** May I have a clarification on that? You have access to the individual reports of the individual experiments, but what you said was you were not tying those together to try to tabulate a province-wide result. Is that right?

**Dr. van Beinum:** The number is too small.

**Hon. Mr. Elgie:** We met with all of the advisory committees. Management and labour met on each of the projects this summer and spent considerable time.

**Ms. Coppins:** Can we have access to that information, the final results for each of the companies?

**Hon. Mr. Elgie:** I will have to check on that.

**Ms. Coppins:** I think what I am driving at is that presumably in developing the office of the quality of working life, you are looking at offering more than a consulting service. It seems to date, from what you have talked about, you are basically offering a consultant service to individual companies and unions that should take advantage of it.

What I would like to see happen over time is that we develop some innovative legislation to look at humanizing the work place. There are certainly legislative processes for that in areas like Sweden and other countries. If you do not develop a central approach to bringing together the statistics and the results you can quantify and the things you are doing, you will never have a measure of how you can apply that across the province. I wonder when you are going to be moving in that direction since we are spending over a half a million dollars on the projects.

**Dr. van Beinum:** I would like to point out this is a very long-term process and we are just at the very beginning of it and it will take—and we know that from lots of experiences in other countries—many years before we reach the level where we can start to generalize. It really takes years.

**Ms. Coppins:** If you want to generalize, and you just generalized on the issue of flex time, generally speaking, governments have certainly recognized that flex time is an enhancement to the work environment. I do not know how many years you have to take to quantify that before you can say as a general principle it is a positive approach to the quality of working life.

The next step, which is not your step but which is the Ministry of Labour's and our step, is how can you encourage the private sector? Secondly, if you cannot encourage the private sector, how can you induce the private sector into bringing in flex time on a province-wide basis? It certainly is recognized in governments as a positive approach to improving the quality of working life. That is just one simple element. Are you talking about that or doing anything about that in your area?

**Dr. van Beinum:** Again, we are focusing on the relationship between people and their task. Other industries are focusing much more on, for instance, increasing variety. If you look at assembly line technology, that firmly challenges whether you can bring some autonomy on that job and some variety; so it varies a lot.

**Ms. Coppins:** You have used that phrase increasing autonomy a couple of times. I wonder if you could elaborate on what you see as an increase in autonomy.

**Dr. van Beinum:** It is when people have a great opportunity to participate in decision-making which will affect their task, the kind of thing they have to do from hour to hour and from day to day, so things are not decided for them all the time and there are some discretionary elements in the job in which they have to make decisions.

5:50 p.m.

**Ms. Coppins:** What you are suggesting then is that in an effort to improve the quality of working life we should perhaps be pursuing greater democratization of the work place.

**Dr. van Beinum:** That is a term which in a way would not be inappropriate.

**Ms. Coppins:** How is your office or the office of



the Ministry of Labour moving towards that in the work you are doing with the original company?

**Dr. van Beinum:** It is one of the major orientations in all our projects, but again the way it is being done is being determined by the people concerned. In other words, we do not have a recipe or a prescription. We can only come with a set of principles and with certain tools for analysing work. It is up to the people concerned to translate it and to try it in a way which is appropriate for that particular situation.

**Ms. Copps:** I think the notion is admirable. Going back to the article and the situation in Sweden, there is a Canadian expert, presumably from Saskatchewan, who says he feels this kind of humanization or democratization in the work place is certainly going to be a long way off in Canada. He says work should be arranged in a way that lets a worker influence working pace, that gives him an overview and an understanding of the entire process, maximum human contact in co-operation, et cetera. He does not feel that is coming in the very near future in Canada.

I guess what our job is in the Legislature is to try to make sure that direction is encouraged, and not just in a company for which we seem to be acting as consultants. How are we going to bring that in on a province-wide basis? I wonder if you have any ideas in that area, or are you just taking it as sort of a very long process that maybe 20 or 30 years from now we might be moving towards?

**Dr. Van Beinum:** Personally, I believe as a person that we are dealing with a very long-term, complex process of society change, which is based on fundamental values. I believe, and I think there is evidence for that belief, that it is very difficult to legislate so as to get a living translation of those values in a real life work situation.

If you look at Sweden, you see it is a decision made on the local level by union, management and workers that makes the quality of working life a living issue. You cannot legislate in order to change human behaviour. In my view, you can change principles of job design only to a limited extent.

**Ms. Copps:** I notice the minister was shaking his head in agreement when I said we should be moving towards democratization in the work place. I wonder how we can keep that in mind, while at the same time we are looking at a

situation like Irwin Toy where an employer is offering employees 10 cents more than the minimum wage.

You are talking on two totally different things. One is a situation where an employer is encouraged to do it, and there are eight employers in Ontario and eight companies that are prepared to go out and get into this very innovative field. On the other hand, there are employers who are unprepared to offer their bargaining unit even 10 cents more than the minimum wage. How do you bring the two together? What can you do to carry out the principles you espouse of democratization of the work place?

**Hon. Mr. Elgie:** Let me just address myself to the issue. You suggested that perhaps we could legislate these things.

**Ms. Copps:** I am asking you for some answers.

**Hon. Mr. Elgie:** I know. I take the area of quality of working life very seriously, I think it is one of the most important initiatives around, but I am sure there are colleagues over here who will explain to you that it is an area that is considered very fragile.

Let me tell you there is significant concern and suspicion, to be frank about it, both from the trade union side and from management side. Management has the North American tradition of management rights and unions have a tradition that they fear anything that erodes their power or that may be seen as trying to be anti-union in essence. We are not in an area that is a very easy one to work in. The absolutely essential feature of it is that there be union and management agreement, not always an easy thing to achieve, I tell you that quite honestly. I do not think we are at a stage now where one can even think about legislating it. If it is going to succeed in this province, it is going to succeed on a voluntary basis because people want it to work.

One would hope for the kind of thing we are seeing in Business Week, the kind of thing we saw in the Canadian Business magazine a couple of weeks ago, indicating that if we are to face the competition that is around in this world we live in, how important it is that we have a look at these kinds of things. Hopefully, it will bring people to changes in philosophy, but it has to be done with a great deal of care and concern for their legitimate interests.

It will be no surprise to you that at that international conference—the first one, by the way, ever held—some trade unionists expressed

concern. They thought it might be just a gimmick of management to avoid unionization. Let us be frank about it. That is why the role of government as an independent third party is seen by them to be so important.

That is not to say there are not many other varieties of quality of working life projects going on in this province. Shell Oil in Sarnia has quite an extensive program involving management and union which we had nothing to do with. Their collective agreement, I think, reflects the kind of relationship they have. I think it is two pages and it does not really deal with all of the things we usually see in two- or three-inch thick collective agreements.

It is not going to be simply a matter of implanting this process on companies and unions throughout the province. You know, I am sure, that at the Ontario Federation of Labour meeting last week there was a motion before that federation to require that members of the trade union movement not take part in the advisory committee. I, personally, am very grateful they turned that back.

There are a lot of intangibles now. That is why Dr. van Beinum is having some difficulty in telling you about quantifying relationships because it is very difficult to give you those figures. The Ford shop floor people would tell you they are quite astounded that the usual backlog of grievances—and this is no secret—which at Ford has run traditionally at something in the range of 2,000 on any day of the year, as of last August was 37. Who knows if that is simply because of the quality of working life project? Who knows how much influence the grievance reform process had on that?

Whatever has happened, something has changed because at that plant Ford has never had a smaller grievance backlog in its life; 37 is incredible. How do you quantify those things? How do you know it is directly attributable to something?

**Ms. Copps:** The point I wanted to make—

**Mr. Chairman:** I would like to ask, Ms. Copps, if you would be co-operative since we have only three minutes left to the hour and let Mr. Mackenzie and Mr. Johnston ask a few questions since Mr. Pathe will not be here either tomorrow or Monday.

**Ms. Copps:** Okay. I just wanted to ask one last question. It is understandable that the unions would be somewhat suspect when you are spending \$600,000 on a program that affects eight subject users or eight user groups when in

the meantime you have all these other problems across the province that are not being addressed. It seems to me that in terms of budget priorities there should be perhaps more emphasis put not only on the quality of working life for those who are presently working, but also on those who are disabled or on occupational modifications that will make those jobs a little easier.

**Hon. Mr. Elgie:** There is just one comment—

**Mr. Armstrong:** I am sorry, I cannot let that pass.

**Mr. Mackenzie:** I want to dissociate myself and my party totally from the line here to because we know what we are into in this situation.

**Mr. Armstrong:** With respect to the statement that it is no wonder the union is sceptical when this amount of money is being spent, simply want to point out—

**Ms. Copps:** When eight user groups are being affected.

**Mr. Armstrong:** I appreciate what you said but the president of the Ontario Federation of Labour and the Canadian director of the United Auto Workers are members of the steering committee that approved the budget. Whatever scepticism the labour movement may have about the project, it does not relate to the funding or the utilization of funding. I do not want to take Mr. Mackenzie's time, but let me assure you of that fact without equivocation.

**Mr. Mackenzie:** I do not want to be difficult, Mr. Minister, but we have a \$600,000 item, out of a \$56 million or \$58 million budget that we will be discussing in the coming votes and we have now spent about 40 minutes on it. I have refrained from jumping in, but we are going to have to if we are going to have this kind of a total discussion on one particular item.

6 p.m.

Having said that, I want to make it very clear that what we are dealing with here in terms of the quality of working life programs is an extremely fragile plant, although I do not agree with the minister that it is quite as fragile as he may have made out.

There was strong opposition and there were arguments over it, but the overwhelming vote of the convention, and I say overwhelming, was to proceed with it because, yes, there are reservations, and no, we do not want the funding to go back necessarily at this point—I am not saying it will not in future—to some kind of compa-

assessment. It should be out of general revenue, and I suppose we are going to have to find out whether we can.

I think the weakness in the whole program may be that we do not have a way yet of relating efficiently to the results of any of the eight pilot projects. Certainly the attempt to bring these kinds of programs into some of the plants is an essential one, and at the moment, because there is at least the feeling that one or two of them have had some success in one or two of the plants, there is a willingness to try them. But it is the program and a perception that could be destroyed very easily if there was any kind of attack mounted on it. I do not see the fact that we have \$600,000 dealing only at the moment with eight or 10 projects as being very serious. We have to start somewhere when we are trying to deal with an area we have not dealt with in Canada, namely, the terms of relationships in the plants or industrial democracy or whatever particular expression you want to use for it. Personally, and I did not jump in earlier when there was some discussion on stress, I think that an excellent project for this particular quality of working life group would be to look at what is happening in Canada Packers. We even had, as I understand it, a demonstration two or three days ago and a complete denial, in many cases even with doctors' letters, for the workers to have a second or a third pee break if they need it, for Pete's sake. Look at the kind of stress that is developing in the plant and at the attitude of management there.

Probably because you already have a confrontation situation in that plant you would have difficulty in selling this idea with either the company or the union. But where we have established some of these pilot projects, I think it is essential that they go ahead at this particular time. I think it is essential that the funding be out of general revenue. That is certainly a point we want to make from my party's perception.

**Hon. Mr. Elgie:** Mr. Chairman, let me just say I think Mr. Pathe will have to come back on Tuesday because we are not going to cover the 2 p.m.

**Mr. Mackenzie:** I think we are going to have to come back because there are areas under the industrial relations votes, such as the Irwin situation, and other questions we want to ask.

**Mr. R. F. Johnston:** If this could just be taken on notice, I would appreciate it. I may not be for myself. But when you tell us about the projects and give us the list of the eight, could

you give us some idea of what targets they set for themselves? What were the goals of those projects and some detail of how they were going to operate, et cetera? I think it would just be useful to understand the *modus operandi*.

I was wondering if there has been any attempt at all to work with the civil service union and the staff there. I am particularly thinking about the new phenomenon, visual display terminals, and the quality of life for those people. It seems from European studies that the stress factor for people working on those for long hours is quite substantial. I am wondering if that might not be a good place to have some kind of project started in terms of that side of things.

I wanted to ask some questions about the tie-in with occupational health and safety because it strikes me that there is an obvious connection between quality of life in some cases and the safety side of things as far as working life is concerned. The last thing I wanted to mention to you was on the research you have going here. I understand it would be mostly directed to things that are happening in plants right at the moment.

There is a project that affects my riding very directly, the SKF plant closing, for which Dr. Paul Grayson from York has had a small amount of funding from the Ministry of Labour and now is seeking extra funding to follow up on workers who are actually suffering from a plant closure and are being laid off. By December 18 more than 300 will be laid off and out of work. They have started the initial format for that study.

I wonder if there would be any likelihood that your area might follow up on that because plant closures are now a major factor in life for working people to have to deal with, temporary shutdowns or for long periods of time. I wonder whether or not it would be part of your mandate to follow up on that kind of research and make sure it is able to continue.

Some of the things that they have pulled out in their initial run through are just fascinating. To mention just a couple of things, 57 per cent of the employees are worried about their chances of getting a new job and 72 per cent of the spouses are worried about it. I think it shows a bit of a macho kind of attitude among some of the male workers, especially when their average age is over 45. Also, 69 per cent of them, even before losing their jobs, started to change their habits in terms of purchasing power and were cutting back on their purchasing.

There were a number of different kinds of



attitudes about who was responsible for this shutdown which I think are interesting, whether to blame management or blame government. It strikes me that it would be useful for the Quality of Working Life Centre to be looking at not just what is happening right now in a plant, but also at some of the factors affecting industrial workers in Ontario who are going to be coming in and out of plants because of plant closures. I think you should be aware of that project and also should be supporting the kind of follow-up research I think we have been lacking, not just in North America but around the world.

**Hon. Mr. Elgie:** There is another project at Queen's, as you know.

**Mr. Mackenzie:** You did indicate we have a lack of follow-up really.

**Hon. Mr. Elgie:** We are doing a ministry follow-up on the Schick closure as well. Let me just try briefly. First of all, we do have, I recall, a project within the civil service in Penetang where there is a quality of working life project in place. With regard to the ergonomics of VDTs, the advisory committee has set up a special task force at my request to explore the area of the ergonomic effects of VDTs. We will get that information and decide what is to be done with the issue.

We did provide funding for Grayson to do the SKF study. I have not personally seen any preliminary results, but that sort of information will be available for us and for the plant closure committee. Whether it has any application to quality of working life initiatives, which are still in a very embryonic stage, is another matter. Certainly, as you know, we have funded two studies and we are doing one internally, trying to address that lack of information about plant closures.

**Mr. R. F. Johnston:** I think he sent you a letter on it saying his information was available. At least mine was a copy of a letter to you.

**Mr. Chairman:** I wish to thank Dr. van Beinum for participating today and I would like to remind members of the committee that tomorrow we will be meeting at 1:15 p.m. to deal with two private bills. Then we go to the Legislature at two o'clock and return again for the estimates after routine proceedings. I guess we will go back to the first vote and the first item. Thank you.

The committee adjourned at 6:07 p.m.

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### From the Ministry of Labour:

Armstrong, T. E., Deputy Minister  
 Burak, R., Executive Director, Administration Division  
 van Beinum, Dr. H., Director, Quality of Working Life Centre









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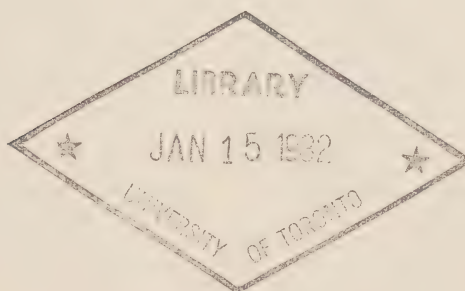
LEGISLATIVE ASSEMBLY

No. S-34

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Labour



**First Session, Thirty-Second Parliament**  
Wednesday, December 9, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Wednesday, December 9, 1981**

The committee resumed at 4:07 p.m. in room No. 151.

After other business:

### ESTIMATES, MINISTRY OF LABOUR (continued)

**The Vice-Chairman:** We will now revert to the estimates of the Ministry of Labour. The minister is here. When we adjourned, we were discussing vote 2404, occupational health and safety program.

On vote 2404, occupational health and safety program; item 1, program administration:

**Mr. Martel:** I have an opening statement. I preface my remarks by saying that over the years I have been in this Legislature there have been occasions when we have been accused of not knowing what we were talking about, of not being sufficiently informed about a variety of topics. Let me refer to two or three of those occasions.

During the many years we worked with the United Steelworkers to establish that there was a risk of cancer in the sintering plant in Sudbury, we were told we were wrong, and except for a doctor in Hamilton, we would not have succeeded. However, all through the battle we were told we were being irresponsible.

My friend the Minister of Labour is fully aware that on the subject of industrial deafness, prior to his becoming minister, I was accused of not knowing what I was talking about, that I was relying on information prepared for me by someone else, and that I and my party were irresponsible.

I will conclude my prefatory remarks by saying I was heavily involved in the Elliot Lake situation, which led to the Royal Commission on the Health and Safety of Workers in Mines, headed by James M. Ham, and ultimately to Bill 70 about which I am going to speak. I am not going to be kind in my comments.

I want to start at the beginning, because I find the whole thing a bit like the Threepenny Opera, and speak about the internal responsibility system briefly, for while the theory you have

expressed may make good reading, it does not make a lot of sense to the worker in the plant. It would be fine if an enlightened management were prepared to take its responsibilities seriously, but in two short years there has been too much evidence to the contrary, and I am going to go through that evidence carefully today—the contraventions of the act, the charges and many other things. It blows one's mind to realize that there have been 100,000 violations or more in a relatively short time just in the industrial sector alone.

I cannot agree with my friend the minister that his theory is going to work because that has not been my experience in dealing with health and safety matters. The very first question I raised in the Legislature when I came to Queen's Park was with respect to a coal plant explosion at Inco, but Inco knew ahead of time that there was going to be an investigation and they worked around the clock to clean up the situation.

I have not seen this enlightened management the minister hopes will develop over the years, but rather just the opposite. You say that as an internal responsibility system improves, the level of compliance will move from enforced compliance through self-compliance to ethical compliance. Now that sounds good; it really does, but that is as much as I am prepared to say in its favour.

The minister has stated over the years that the employers and employees have the primary responsibility for health and safety, and I agree. Through all the years I have argued that one of the biggest difficulties of the trade union movement is to persuade its membership in a plant to comply with safety regulations, and I still believe that to be the case. However, in Bill 70 the balance is still in favour of management. I will document this remark as I go along.

Various unions I have been in contact with in the past three weeks are not happy because the balance in decision-making still remains with management. Until there is equality in real, raw power terms, nothing is going to change. Management guards its managerial rights very closely, and for labour to have part of the



decision making with respect to health and safety decreases those managerial rights. Until the ministry is prepared to recognize the participation of labour, we are in serious trouble.

In addition, there is an imbalance in knowledge of the hazards of the work place. Consider the attempts by unions in small plants to find out the constituent compounds of the chemicals used. Consider who in small plants or in plants where there are no unions has the expertise or the funding to do the type of testing to determine what toxic substances the workers are exposed to.

There is an imbalance of power and there is an imbalance of knowledge. What there is, in fact, is almost the same situation which prevailed prior to Bill 70. I conclude that the only role for government is enforcement. Management responds to nothing else when it comes to health and safety.

**4:20 p.m.**

Some of you might want to see the four court decisions which were handed to me as a result of questions in the House and to read what the judges have had to say about some of these corporations. I was amazed at the frankness of the judges and just how tough they were, thank God, in these four cases. They actually levied higher fines than we were asking for.

What kind of Mickey Mouse games are we playing in cases of fatal or serious accidents when we ask for only a \$5,000 fine? To his credit, the judge in the case imposed a fine of \$15,000. You can understand why trade unions argue that we are not serious about the bill. I know the minister has received the same correspondence that has been sent to me, so he knows that many unions do not think the legal department is tough enough and they feel it is just playing games.

If the government wants to create a new internal responsibility system, it must act to challenge the existing internal authority of the companies. Until you are prepared to do that, the employers will completely dominate the committees, beginning with the time they meet, the frequency of meetings, the composition of the committee, the agenda and so on. Later I will cite instances of your staff imposing their interpretation of certain sections of the act. There is no shared responsibility, Mr. Minister, and that is the difficulty.

In all the years I have been involved in this, the labour movement has battled to protect its membership. Unions have been in the vanguard, not the ministry. I have not seen Health,

Labour or the ministry with responsibility for mines out front and centre. I have not seen the managers of the corporations or the bosses fighting like hell to improve conditions; nor have I seen the Workmen's Compensation Board do much battle on behalf of employees when they see the material with respect to the frequency and type of accidents and fatalities that occur. It is only the trade union movement that strives to protect employees from serious injury or death from accidents or industrial disease.

On the subject of enforcement, I want to remind the minister that just last week, on December 1, his colleague the Minister of Consumer and Commercial Relations (Mr. Walker) made a statement to the Legislature concerning odometer frauds. He spoke of a crack down which began in 1979, when the minister realized that the problem had reached epidemic proportion and was costing the unsuspecting consumer thousands of dollars every year. However, in many instances it is costing unsuspecting workers a lot more than thousands of dollars annually. It is costing them the rest of their lives.

After noting that more than 1,000 charges have been laid—and the rate of conviction, by the way, is 100 per cent, which is much better than your track record of 20 to 25 per cent—Mr. Walker said in the House, "It is also gratifying to note that the courts are dealing harshly with those offenders, imposing fines up to \$10,000, jail sentences of up to three months and in many cases ordering full restitution." Is it not interesting that if someone has played around with a car odometer you will see convictions which are up to \$10,000 or somebody thrown in the can, but where workers are killed we have yet to have someone go to jail for a day? The fine levied for a man's life is at maximum, I believe, \$25,000. It is kind of an odd sense of priorities in this country.

We stamp out odometer frauds, and it is interesting that the minister said, "These stiff penalties have made our job easier because they act as a deterrent to those involved in this illegal practice." When do we start to use the club as a deterrent against those who continue to violate and ignore order after order to protect the health and safety of workers in this province? I suggest to my friend the minister that he should adopt some of Walker's philosophy, that a little toughness with these beggars is going to go a long way.

I want to look at a number of cases ver-

specifically with the minister because it is obvious to me we are playing games. There is this report of a fatality on September 10, 1980, at Algoma Steel Corporation, Sault Ste. Marie, "when a worker was crushed to death because of improper lockout procedure. The United Steelworkers union had complained to the ministry of this unsafe practice in the spring, but the Labour ministry stated that although they agreed with the union's stand and that the lockout during maintenance was a requirement in the regulations, they did not act because disagreements about safety practices at Algoma were being worked out through the internal responsibility system between union and management." Isn't that nice?

There are problems, and everyone knows about them, but we will let them get sorted out, and then somebody dies. There is something crazy in that you are going to allow an unsafe condition to prevail which ultimately leads to someone's death. I am told that if you had not sent in Mr. Basken, there would have been a wildcat strike there as well as in Elliot Lake previously. Why do we have to wait? When the violations are there and the problems are there, surely to Christ we should move in on it before somebody gets killed. No, we wait for the internal system, that dream world, to take its effect.

Let me look at the case of John Royal for a moment very briefly. I could not help but read John Deverell's article recently in the Star on this particular case. By the way, John Royal was a young man, an 18-year old who worked at Ontario Gypsum for three weeks prior to his death. He fell into a mixing vat of 250 gallons of plastering compound. The protective grating had been removed to increase production. It is not that it had not been inspected. There was an inspector in there one week before the fatality. There was no health and safety committee.

The law says where there are over 20 employees there will be a health and safety committee. It blows my mind. That is a clear violation. He was a young man of 18. Interestingly enough, they are dickering with maybe laying a charge, I am told, against a young 21-year-old female supervisor. It is interesting that at the inquest the company did not know its responsibility. To quote from the Star: "Company president George Popik said at the inquest he did not know how provincial safety regulations applied to his factory, and his plant supervisor said she had had no safety instruction."

The government inspector, Mr. Watson, who

was there and toured the plant a week before Royal's death, said "he had not noticed any problem in the mixing area because the machine was not operating while he was there." Whoop-de-do. It was not operating, so you do not look at it.

"More importantly, he said he had no idea whether the plant management knew the requirements of the Occupational Health and Safety Act. 'Probably wrongfully, I assumed they would be familiar with it,' he told the jury. He said it was up to management, and not the ministry, to ensure that supervisors receive safety training." That is a lot of nonsense. That is what the hell we have inspectors out there for, to make sure the act is being applied.

#### 4:30 p.m.

So there is no committee, and the ministry inspector inspects it and says it is not his responsibility to know whether the company knows the Occupational Health and Safety Act is being applied. That is up to management, he says. The ministry philosophy is that it has to be worked out between management and union or management and the worker representatives. I would like to know how much power they have where there is no union.

To quote again from the Star article: "Yet the official policy of the industrial safety branch states that 'the establishment of an internal responsibility system is a major function of the branch' and that inspectors are to report whether a suitable program is in place." And Mr. Watson, after 25 years in the business, had nothing to say, and he was there.

What are they going to do? I would like to know why charges have not been laid yet, or if they are going to be laid in this case. In fact, I am going to ask a whole series of questions, Mr. Minister. I intend to go on at some length. I would ask you to make sure that if you do not have time to reply today, or if we get through before I get done, that we will get written responses to all of the questions I raise.

There was a clear failure of the internal responsibility system. The inspector assumed they knew the act. Why did the inspector assume that? What is his responsibility? On the matter of failing to establish a health and safety committee, what action are you taking now, as a ministry, to remedy that?

I cannot believe some of the things I have seen. I just had a report handed to me before I came in here that the police report indicates photographs were taken of the steel grate on the floor behind the mixing machine, blocked by



piles of plastic pails. It was evidently not in use for some time. It was there. Our friend the inspector could not find it, nor did he look for it. The police took photos of two other mixing machines, indicating no safety grates were in place on either one of these as well. I think he was on a tour, a busman's tour. I understand the ministry is still considering whether it will lay charges.

I further understand that while the family and the solicitor in this case are trying to get material from the industrial health and safety branch, one Mr. McNair refuses to surrender anything to them—to the family or to the lawyer representing this unfortunate young man. That is just another case. I say to you there is a clear violation of the act in a number of ways, and there is clearly a lack of understanding by the inspector of his role in this whole area.

Let me move on to another one. Let me talk about Terry Ryan for a moment. Terry Ryan was 23 when he died. This goes back a year, but I just draw these out. He was working for Westinghouse of Canada. No, he did not die; he was blinded. He was blinded when the material he was working around exploded in his face. In fact, the ministry had indicated at one stage to the company that it was not prepared to prosecute, I understand. The union did a seven-month study on its own hook. I am not sure if it is the responsibility of the union to do the research for seven months to put a case together.

What is intriguing is the number of errors in the government's case as it proceeded with this, even having the wrong dates of the explosion or when it occurred. I just quote a couple of examples from the union perspective on what they think was wrong in this case:

"Charge number four: This is wrong on what regulations were violated. Neither I nor the ministry inspector noted any violation of section 26(1) regarding storage of flammables. But there were violations of section 23(6), concerning a dispensing barrel in shop, and of section 27, portable containers not being safety cans. Ministry inspectors were aware and were made aware of all of these points. Hard to explain how experienced safety officers can make such basic errors in preparing their case."

The union also says there is no charge that touches on the basic crime involved, the bottom line of the company's responsibility, namely, the lack of restricted area to toluol for all workers in the plant and the free availability of the dangerous chemical. I am going to come back to the

dangerous chemicals in a little while because we are out to lunch where they are concerned, both in our knowledge and in our testing of them.

I could go on; I have this documented at length. This one is fairly old, but I want to tell you that the ministry was lacking there. The ones I want to get to are much more relevant, such as the Meaden case, which I raised with the minister last week, because I think it pinpoints that unless the minister gets tough he might as well throw Bill 70 away.

This young lady was working for a small jewellery manufacturer in Toronto and she complained because she did not want to work in an area where she was exposed to—I am looking for the name of the material. They were doing electroplating and stripping in this man's own workshop. The workshop happened to be in a four-by-four toilet, I think. It was properly ventilated and capable of getting rid of the fumes. It was properly set up too; I think it was in the bathtub.

The young lady was concerned. Having just graduated from college, she had some knowledge of the business she was in. She was worried about the chemicals that were being used and their effects on her. She ultimately phoned the Ministry of Labour because she did not want to work with these chemicals.

I am quoting now, by the way, from the Ontario Labour Relations Board's own summary: "Finally, she called the occupational branch of the Ministry of Labour and was advised by Mr. O'Reilly that what she described seemed to be an unsafe situation. According to her testimony, he advised her that she should continue working, if possible, but that if she felt in any peril she could call an inspector and stand by in a safe area of the shop pending the inspection."

At work, because of this material, she did get sick and dizzy. "As she worked through the balance of the day, she felt some dizziness and nausea and began to worry about whether these symptoms had been caused by exposure to hydrogen cyanide fumes. After work she went directly to the Women's College Hospital where she was examined by two doctors. . . The doctors who examined Ms. Meaden diagnosed the cause of her problem as 'exposure to noxious fumes.'" That is pretty positive stuff.

She returned to work, as I understand it, and then refused to go in the next day, and for refusing she was dismissed. The act says that if you think you are in danger you have a right to leave the work place. If I understand the act correctly, the inspector is supposed to come in



and to inspect, while the employee is supposed to stay near the site. She was fired without any of the benefit of the act because the guy just tossed her out on her ear, even though she was sick.

She phoned Mr. O'Reilly again immediately. It is too bad Mr. O'Reilly had not taken the trouble to go out, having talked to the woman ahead of time, before this occurred. It is too bad he had not taken the time to go there that day, but I guess the ministry felt she had been fired, so what the hell, what could they do? That is wrong. They should have gone and they should have known the conditions, not two, three or four days later, but then.

Miss Meaden was not quite satisfied, so the matter went before the Ontario Labour Relations Board. In its statement the board says, "The ultimate issue is whether the complainant had grounds to believe she was in danger and therefore exercising her right under the act when she refused to perform the electroplating work." But she was fired. The act certainly was of benefit to her, was it not?

**4:40 p.m.**

They go on to say, "Having regard to the totality of the evidence, it is clear that in her confrontation with Mr. Swartz on her last day of work Ms. Meaden was given little or no choice." The board found, "We conclude that Ms. Meaden was discharged." I say to my friends if that is the protection one gets under Bill 70, it is not worth a row of beans. You might as well throw the act out the window.

They go to say: "More importantly, Ms. Meaden's ability to call for an inspection or do anything else was effectively cut off by the response of Mr. Swartz which, as we have found, amounted to constructive discharge. In practical terms, she was fired. . . We have no difficulty concluding, given the ill effects which she felt the day before and the medical diagnosis obtained, that she had ground for that belief. . . Ms. Meaden, nevertheless, did have reasonable grounds to believe that the equipment and the physical condition of the work place were likely to endanger her. . . Ms. Meaden did have reasonable grounds for concern at the time."

The ultimate decision was that she was fired, received \$1,200 and had the privilege to go and find new work. Bill 70 did not protect her at all, did it? She spoke to Mr. O'Reilly before the incident and she spoke to Mr. O'Reilly when she was fired. I want to know why O'Reilly did not get on his little white horse and get his backside over to investigate that immediately.

That is a case of management confined too. I

have the summary of the suggestions from the ministry as a result of the inspection. Nowhere do they mention proper ventilation as one of the possibilities. They say independent air or oxygen-supplied respirators should be there in an emergency or for rescue work. I want to know why they did not insist there be proper ventilation before they allowed this joker to operate in that toilet. Management, of course, as usual was being very considerate. That is why your internal system is not going to work.

I want to deal with ITT Aimco for a minute because you have some inspectors who really need to answer for that operation as well. I have been raising this one on a number of occasions in the House with the minister. I know he established a meeting between the company and the union. I met with the deputy minister and I met with Mr. Basken. You have this attitude which says, "You see, we are starting afresh. We are going to call the company in"—and I agreed to that—"and we are going to convince them that they should accept the lovey-dovey system that we think is going to work. We are going to start afresh. We will forget all about yesterday."

The union president can forget he was once fired and once suspended; the 112 people who suffered industrial accidents there last year can just forget about that; and those who suffered more than 112 accidents this year can forget about that. "We will start afresh." There is this new spirit of co-operation, this new *joie de vivre*; the whole thing is crazy. Again, the ministry really has to answer for some of its conduct.

I want to deal specifically with two of the cases. One is about Mr. Batista who refused to work in an area. He was sent somewhere else to work. That is a violation. Management, that benevolent group, sends in somebody else to do the work in unsafe conditions. It blows my mind.

Then to show you how well the system works, the day in question a Mr. Dyson—some of you know Mr. Dyson, I am sure—a Labour ministry inspector, arrives on the scene. This is the same fellow who in another dispute said, "If you work with fish, you smell like fish; if you work in asbestos, you smell like asbestos." He is a lovely fellow to have around.

Mr. Dyson gets there the same day and he will not inspect. What the hell is he there for? He will not inspect because the proper committee system was not established, as though the union had a choice. It did not have a choice. It had

been trying to get a proper committee system, but because the act was not followed to the letter of the law, Mr. Dyson refused to inspect.

I suggest Mr. Dyson should find himself a new job because I think he was totally irresponsible not to inspect. Whether the proper system had been followed or not is irrelevant. When there is a violation, there is a violation. When a man refuses to work in an unsafe condition, he is not sent some place nearby. The committee comes in and does the investigation. Whether that is carried out or not, Mr. Dyson has a responsibility to see if Mr. Batista is working in safe conditions.

If the committee system is not in effect, then it is up to Mr. Dyson to find out why the hell it is not working. Your friend says if you work with fish you smell like fish. When the act is violated or there is reason to believe it has been, he says, "I am not going to inspect because you did not follow the proper procedure." That is crazy. I do not know any other way to describe it except as crazy and irresponsible. He should have been interested in protecting Mr. Batista and the worker who subsequently went in and filled in for Mr. Batista.

By the way, this plant is 80 per cent immigrant workers. We were told—I believe the assistant deputy minister can confirm this—about 80 per cent of them speak hardly any English. I would like to know if charges are going to be laid against Mr. Companion who ordered one worker to go in and work in someone else's unsafe condition. I would like to know what is going to happen to Mr. Dyson.

That is the first case. There was also a second case. In this case, the worker, Mr. Santos, reported unsafe conditions. He indicated to management the condition he was complaining about was unsafe. They did not fix it. A month later there was a second complaint by another worker of the same condition. Again, it was not repaired. Mr. Santos, some weeks later, suffers a back injury from trying to move a scrap basket around without a handle. He misses a month's work. Then when he wants to go and see the nurse, the boss says, "No, you cannot go and see the medical staff."

You wonder why I suggest to you the act is not working. My understanding of the act is when there is an unsafe condition and it is reported, there is an onus on management to repair it.

Let us go to the committee system because that is at the nub of whether it works or not. The minutes are changed; it does not reflect what

went on at the meetings. The management decides the boss will be the chairman of the committee all the time. When they ask for some of the material so they can get it tested through the United Steelworkers, they are refused samples.

4:50 p.m.

I wonder about the Workmen's Compensation Board's involvement because the list of accidents we have seen all involve the hands or irritation to the eyes. Last year there were 112, people with hands mangled and so on, and there are more than 112 this year, involving 400 employees or thereabouts. The system is working well, is it not?

I ask myself why the Workmen's Compensation Board does not draw this to the Minister of Labour's attention through somebody in his department. I do not mean go to the minister directly, but somebody in his department should say there were 112 accidents and 29 per cent of the work force got hurt this year. They should ask what is going on. Then maybe the Minister of Labour or somebody over there might get serious and concerned. We have inspectors in there, but there were 112 accidents, 400 workers involved and 1,080 days lost last year. There are more than that already this year. You would think somebody would get excited over there. There is nothing until I raise it in the House with the minister and the minister immediately moves to set up a meeting.

I say to the minister where the hell is your staff? What is their responsibility? Where are they? They demonstrated a great concern for this group of people and the committee system. Mr. Minister, we have the lists that were given to your staff over and over again at one meeting after another showing the same conditions not repaired.

I guess what irritates me even most is when I write or phone and I get the material and see examples of contraventions, 40 contraventions of guarding. That is not the kind of material I can work with. Were the 40 contraventions on the same day? Did one inspection find all that? Were they repeat contraventions? That is where the act is falling apart in part. I would like to know how many of those contraventions were reported once, twice, two, three or four times. There were five more about guard rails. I have two judgements. One of them is on guarding where the judge literally threw the book at the company. The other one was on a guard rail where the judge threw the book at the company because one involved, I think, a fatality and the other a serious injury.

I am an inspector and I look at that. I know that the courts are ruling and I say to myself, "There are 40 violations of guarding equipment. Surely it is time I laid a charge." Unless, of course, they were all on the same day. I am not being that irresponsible to suggest that if you go once and find violations that you should lay the charge immediately. I am not suggesting that for a moment. I am saying that the second or third time around it should be ball game over, but it is not. Think of the poor president of the union in this health and safety committee. The last one quit out of frustration not very long ago. His fellow took over and he has already been fired once and suspended once.

The day before we went down to meet with the ministry staff, he caught a man over a piece of machinery that was operational. Do you know what management said to him when he told the guy to get down off there? Management said, "Go back to your work place or go home. You are fired." That is internal responsibility, Mr. Minister. That is why it is such a crock. That is ITT. I can go on for hours about ITT because I am frustrated. There are no answers to ITT yet, except that we are going to start a new era. Well, that is a lot of nonsense.

Let me deal with one other case before I move on to look at your own statistics. At Inco the workers call it a Bill 70 when they walk off the job. I think they refused to work there. The union phoned me the night before last. I think they refused again yesterday and again today. It is with respect to the iron ore recovery plant and the nickel carbonyl poisoning case your friend raised last week, without talking to the union, I might say. The union is trying to establish a compensation case for this man. By the way, I will tell you that nickel carbonyl is considered pretty hazardous. I am sure everyone, including Dr. Robinson, would agree with that.

Mr. Smith became sick and was admitted to hospital on November 9. The union has been trying to establish a compensation claim. There are two parts to the story, the compensation claim and the Bill 70, as the workers call it. This man works in a nickel refinery and is employed as a maintenance mechanic, first class. In the week of October 26 to 30 he was working on the third floor. There were high concentrations of nickel powder lying around on the floor. On October 27 Mr. Smith had to give his semi-annual urine sample and on October 28 he was told it was too high. On October 29 he again smelled the nickel carbonyl gas. So did one of the other workers, a Mr. Bozzo.

They followed the procedure to try to find nickel carbonyl and could not. Mr. Bozzo got sick on October 28, I guess—severe headaches and suffering from nausea. Mr. Smith felt tired but he stayed around; he tried to continue to work. By Friday of that week, October 30, a Mr. Johnson fell sick. He thought he had flu, but it was not flu because all of them had the same symptoms.

The following week Mr. Smith developed headaches, both hands were itchy and his face felt a burning sensation. He was tired. He went to the first aid department and wanted to have a sample taken of his urine. The nurse refused and, in fact, the safety captain also refused. He verified this. You cannot have it even if you are sick, "We do not do this." This was on a Friday. They did not want to take the sample then; they wanted it on Monday. You see, that gives from Friday to Monday, for what? You are the doctor, for what?

I am not a doctor but I have a suspicious mind. I suspect by Monday the sample would not show as much as it would have done on Friday. I am not very swift in these things, but I suspect that was happening and that is why they wanted it on Monday. In fact, I think they sent a cab out that Monday night to pick up a second sample. The following week the problem continued and another man became sick, a Mr. Allison.

Well, the short and tall of it, Mr. Minister, is that he had all the symptoms of nickel carbonyl poisoning. He went to see his family doctor. Do you know who the family doctor phoned to see if they were the symptoms? The Inco doctor. They phoned the Inco doctor, one Dr. Woychuk. Dr. Woychuk said, "No, the symptoms your patient has are not symptoms of nickel carbonyl poisoning," but I have the manual.

Listen to what his symptoms were: extreme dizziness, serious headache in the forehead, vomiting frequently and feeling weak. The initial symptoms in the manual, which was drafted by the union in conjunction with the company says: "Immediate symptoms: frontal headache, dizziness, nausea and vomiting and mid-chest and upper abdomen pains."

**Hon. Mr. Elgie:** That is what the deputy has right now.

**Mr. Martel:** Yes? Well, I hope he has more by the time I am finished.

**Hon. Mr. Elgie:** No, not then. Before then.

**Mr. Martel:** Well, go to Dr. Woychuk; go to



the Inco doctor. I have used the expression in the House many times, that is like sending Dracula to guard the blood bank.

**Hon. Mr. Elgie:** Or sending Evel Knievel to park your car.

**Mr. Martel:** Dr. Bouffard goes to Dr. Woychuk and Woychuck says, "No, they are not nickel carbonyl poisoning symptoms."

It is interesting that the union, as I say, is having a great deal of difficulty. The union man who wrote this book used company records and spent six months getting it ready. He wrote to me and I want to tell you he is really happy with your colleague. I want to quote this letter. You will enjoy it.

**5 p.m.**

"I would like to express my complete dissatisfaction about the way one Mr. Jim Gordon is making a political issue of a nickel carbonyl exposure incident in the House and also in the media.

"I don't want to discuss this case in this letter, but I would gladly give you all information." I must say the chairman of the health and safety committee gave me that information.

**Hon. Mr. Elgie:** Let me—

**Mr. Martel:** No, just let me finish. You will have your day.

**Hon. Mr. Elgie:** You know why he asked that question. He knows that man out there.

**The Vice-Chairman:** Order, please.

**Hon. Mr. Elgie:** Just do not attribute motives.

**Mr. Martel:** I am going to attribute motives whenever required.

**The Vice-Chairman:** Order. Mr. Martel, you can continue, please.

**Mr. Martel:** My friend, there is a process you follow. You do not go traipsing around dreaming up stuff unless the union wants it brought up. They know their stuff. They have been in this business of protecting and setting up and working cases out for a long time, as you will find out from the chairman from health and safety in a moment. This man only asked for it to be brought up.

To continue: "Mr. Gordon showed a lack of integrity by not consulting knowledgeable people before making the statement he made in the House and to the media.

"My qualifications for saying that Mr. Gordon's statements were irresponsible and somewhat erroneous are as follows:

"Employee of CCNR-IPC department since 1972—I was one of the 22 original operations

employees. Production started on April 10, 1973, and qualified operator in both sections of the IPC plant that deals with nickel carbonyl. Past co-chairman of both OSHE and ASHE"—committees—"during the past six years and still a committee member.

"Through my involvement in safety and health was given permission by both the USWA...and Inco"—to do this book.

Here is something of what he talked about on putting together a book of nickel carbonyl information and audio-visual slides. "This nickel carbonyl information package was completed after six months of research in our own procedures and most information from the union files and Inco files made available to me during that period and with full co-operation from the USWA"—United Steelworkers—"safety and health committee and Inco...

"I've personally investigated most of the facts in the case in question about a week later and reports were made to the chairman of safety and health at the hall and it's my personal opinion that all the proper procedures have been followed by the union in advising the WCB of their claim and the union's channels are working.

"But by his actions (Mr. Gordon) I'm afraid this will jeopardize the outcome of the case and of our regular procedures, but most of all really interfere with some of the co-operation we have had from the company (Inco) and many of the proposed programs that are in the works for prevention, detection and handling of medical problems that might be found in the future for the employees...

"I'd like to finish by asking you to help in trying to rectify in the House and the media the harm that Mr. Gordon has done to the hard work we've done and are still trying to do"—for health and safety.

If you think that is wrong, here is what the chairman of health and safety writes: "I am writing to you in response to—

**Hon. Mr. Elgie:** Did you ask me if I think that is wrong?

**Mr. Martel:** No, I did not ask you for anything yet.

**Hon. Mr. Elgie:** Do you want me to explain why Mr. Gordon is interested in that case?

**Mr. Martel:** No, I understand the position. I know the man's wife worked for Mr. Gordon.

**Hon. Mr. Elgie:** A legitimate interest in the guy's problems.

**Mr. Martel:** Yes, okay, but the union does not feel that, because they are the ones who are processing the case.

I established a procedure for working with unions a long time ago, Mr. Minister. When they wanted something raised, they told me and until then I learned to mind my own business. They have procedures they follow too.

Shall I just give you the bottom line?

**Hon. Mr. Elgie:** Sure.

**Mr. Martel:** "We are not after the glory! We are after results." That is from Dan Swezey.

Let me raise a couple of questions. The union is trying to find out where the analysis is done for these workers. In other words, once the urine sample is taken, who does the analysis? Is it Inco? Where does it go? They have not been able to find that out.

You will recall I mentioned the name of Mr. Allison a few moments ago. I did it very deliberately because just the other day a couple of your staff, a Mr. Gaisson and a Dr. Gregor, accompanied by three company officials, brought Mr. Allison in for some questioning. He had no one from the union with him and there they were, the big five, and Mr. Allison.

It seems to me if you are going to do an inspection or you are going to make inquiries you should ask the shop steward or the health and safety chairman or a committee man there to be in attendance, not the big five. I could go back to ITT too because Mr. Dyson went in and did not bother to meet with the union until after he had spent three and a half hours with management. They have great reliance on officials when that occurs; they really do.

There are procedures and they have been working on them. They feel the information has dried up now and it is somewhat more difficult to get. In fact, Mr. Minister, there is Bill 70 in force now because the men are fearful of carbonyl poisoning.

There was a grievance three years ago. The company decided that rather than have five employees in that plant they would only have four. Then it went to grievance, third stage, and at that third stage the company said, "Yes, it is too hazardous. We accept your contention," and they allowed the five workers—the union wanted six, but the company said five.

Three days ago, following on the poisoning of Mr. Smith, the new fellow there is going to show the world he is made of tough stuff and is intelligent, so he pulled one man off shift. During the past three weeks, while all this has occurred, Inco walks in and the new supervisor, Mr. Louis, pulls a man off. There is Bill 70. They did not go to work yesterday or the day before and I understand, as recently as three hours ago, they were not going in again today.

I would like to know what the ministry is going to do in terms of whether it is safe or not. The union fought it once to the third stage and won the grievance. There is a new manager, so we are back in business and we start all over again. Now we have Bill 70. When I was called during question period, your staff was at the scene again. It is going to be very interesting to see what they recommend.

As I say, I would like the answer with respect to the urine analysis and I am hopeful that we will see a change in attitude.

I want to go to your own calculations now to show how effective you are. I used some of the answers you gave me the other day and I kind of put it together because it is truly interesting. I would like to know why you brag in your annual report that there were only 101 fatalities in 1980-81 and 112 fatalities in 1979-80 because when I look at the annual report of the Workmen's Compensation Board, 1980, it says 272 fatalities. That is just 171 more than in the annual report of the Ministry of Labour for that year and, if my mathematics are correct, about 154 more in the board report.

You might be just talking about fatalities as a result of an accident as opposed to industrial disease, but I understand there were only 59 who died from industrial disease. That still leaves you a shortfall, but this gloating about only 101 fatalities when the board says 272 mystifies me.

Let us go to the enforcement and why I say it is crazy. Under industrial health and safety you had in 1980-81 prosecutions initiated 209, convictions 53. That is a success rate of about 20 per cent. Whoop-de-doo.

**5:10 p.m.**

That is nothing like Gordon Walker's bragging about the \$10,000 fines—far from it. He also he has a 100 per cent success rate in prosecutions, but your success rate is 20 per cent. That is for 1980-81. Jail convictions are zero. So far in 1981-82 there have been 340 prosecutions, 68 convictions and fines of \$189,000. That is a licence to violate, and the fines are not even \$3,000 on the average. If you take out four or five juicy ones at \$25,000 each, you have nothing left. That is the industrial health and safety branch.

If we turn to construction, their success rate was a little higher in 1981—374 prosecutions, 181 convictions and fines of \$98,000. That is less than \$500 a conviction. If we are serious about ending violations and if we reduce the number of violations, it should ultimately reduce some

of the accidents which occur. We did well. We got \$500 fines—it is a little more—\$540 if we average them out.

In mining there were 12 prosecutions. I must say the fines were high—\$10,075.

**Hon. Mr. Elgie:** What were those figures?

**Mr. Martel:** The fines were \$10,075. By the way, I hope you are going to prosecute Domtar with a vengeance. There have been two fatalities there: one on November 19 and one on November 27. In the fatality on November 27 the man was aged 23 and had two children. In the previous one, Mr. Palmer was also aged 23. In his case he was assigned to shovel dust that spills off the conveyor belt. He was alone and there were no safety guards. There has not been an inquest yet.

Those are two severe accidents leading to fatalities. I hope Peter McCrodan has got his pencil out and is prepared to lay all kinds of charges. Anything that moves and is chargeable should be charged. I have no sympathy for companies that do not put on guarding equipment. If you look at the convictions, that is where most of them are made, and nothing is being done.

Let us look at the industrial health and safety inspections. The number of inspections were 27,000; orders issued, 37,000; and charges laid, 340. Just 340 charges were laid on 37,000 orders issued. You might as well go home. Save yourself the trouble and save the taxpayers of Ontario some money.

If you look at your own statistics in the industrial sector—that is the only one for which you gave me statistics—of the 95,000 total orders to date, 9,800 are repeat orders. You have had to go back and reorder 10 per cent. That is crazy. You go back and reorder 10 full per cent and there are 340 charges laid. You are not serious at all. You are not even in the ball game. If we are going to do this and not come down with a bit of a club, you are going to need 10,000 inspectors. You could not hire enough inspectors to do the job. It is impossible.

I say to the minister that once an order has been issued and these beggars do not make the necessary repairs, if you have to reorder, lay a charge. It is as simple as that. We cannot go around having 10 per cent of the work being done a second or third time. I do not have a breakdown of how frequently that occurred. Were some of those a third and fourth order? I do not know and I suspect the ministry does not know. If you look at where the orders are being issued, the majority of them are in the industrial health and safety branch.

I could not get the figures on the reordering for mining or for construction. No one wants to have such petty information. If you had that information, you might have to do something with it, such as lay a charge, or at least find out why it is. It might tell you something about whether the committee system is working or not.

If we could just see what was happening in mining with respect to reordering, and if we could find out what is happening in construction, we might have a handle on what is going on. I say we should not have to reorder without at least laying a charge. What is the sense? Give them the opportunity to clear it up—I accept that—but do not go back a second and third time and ask them on bended knee if they are prepared to consider that we might see them make the necessary repairs.

Refusals to work was the thing which was going to kill the act. Every joker from the industry attacked everybody in sight and probably the minister more than anyone else. How many refusals were there last year? There were 94 in industrial health, six in construction and 14 in mining. I would like a breakdown of that, if I might. How many were in union shops and how many were in areas where there were no worker representatives?

While you are at it, I would also like to know how many companies, unionized or otherwise, of 20 employees or more do not have health and safety committees. We will find out if they are serious and we will find out if all the workers in the province who come under the act are protected.

I would also like to know the number of inspections requested in union shops as opposed to nonunion, and I would like to know whether the orders were issued in nonunion shops or in union shops. I have a fear of the situation where there are no unions. The material I have is where a union has been able to give me some of this stuff and we have been able to find it. I have not found anyone from a plant, except Ms. Meaden, who has come forward.

This is happening where there are large, powerful unions. What is happening in those other plants? I think there is mayhem out there. I am really convinced of it. Maybe we can get a breakdown; I am not sure the ministry has done the analysis of that to this point. As I say, I would like to know the number of companies that have committees.

I have already mentioned that your statistics are bogus in your own annual report. They are



way lower than what the Workmen's Compensation Board reports. There is something strange there. I tell you the fines are inadequate, there is a lack of training going on out there and there is a lack of knowledge.

Look at some of the cases. I am just going to quote you one case of a \$5,000 fine against Great Lakes Insulation in Brantford for failing to take safety steps in a hazardous area. Let me just show you the mayhem. This was a conviction on March 1981 in Brantford. Do you know Brantford?

**The Vice-Chairman:** The company is no longer in operation.

**Mr. Martel:** Yes, but look what they did. Look at the mayhem. Robert Freeman, 17, was killed. Richard Allum, 18, lost both arms below the elbows, his right foot and four toes on his left foot. Richard Hiebert, 28, had both legs and an arm amputated and Terry Spooner, 26, lost one foot and his right hand. The fine? Five thousand dollars. The cost in suffering to those young men is enormous. The cost to society is overwhelming. Their lives are virtually destroyed. We play around with fines that are not even worth the trouble of going to court over.

5:20 p.m.

I was going to raise the Elliot Lake matter, but I raised it in the House with the minister today. I say to the minister publicly and with respect to Elliot Lake that I urge him to challenge the federal government. Apply Bill 70. If the federal government does not like it, so what? Tell them to hire their own inspectors.

**Mr. Mackenzie:** We suggested that a year ago.

**Mr. Martel:** They have been playing around with this for a long time. Your inspectors are in a bind. I understand you have difficulty keeping inspectors in Elliot Lake. It is not very often I suggest that you give a civil servant a raise. But if you want to keep decent inspectors in Elliot Lake, you are going to have to pay them what those fellows are making in the mine, which is almost \$10,000 more than they are getting. Otherwise, you are going to continue to have the same problem; they last three to five months at most and then they are gone.

Who is going to work in that sort of job and face the conditions there are in Elliot Lake? Up there a three-bedroom unit is selling at \$95,000 to \$100,000. With \$10,000 in salary, do you expect someone to go up there where he has to commute? The company subsidizes the living accommodation for many of its employees if it

wants them. Do you want good inspectors to stay there under those conditions? It is not going to work. I suggest, Mr. Minister, you might open up the purse strings if you want to keep inspectors there. You are not going to get them otherwise.

**Mr. Mackenzie:** Just on that point, Mr. Minister, if it makes it any easier for you, and I am not sure it does, I have had three or four calls from miners at Elliot Lake, saying: "Hey, what kind of a joke is the kind of wages you are paying the inspectors? Is it any wonder we do not have the kind of actions we need or want?" They recognize—I am talking about the workers in the mine—it is a bit of a joke.

**Mr. Martel:** Finally, if the minister and the ministry are serious, they will do a study in respect to the uranium miners, not just of the underground miners, but of mill workers. I know the union has been pressing this hard for some time. I understand there was a meeting some weeks ago. They feel you have to go beyond just testing for exposure to radon daughters. You have to include such things as gamma and so on with the union work.

It is interesting that when smelter workers have a compensation claim they are shown as zero work level exposure. Underground is vastly different, but surely there is exposure when one is working in the mill. They are really concerned up there. They have got over the trauma of cancer and silicosis, and just read that tale of horror in Hansard.

I have asked the government to do a total study of how uranium affects workers, not just underground and with respect to radon daughters, but the whole of what happens to people when they are exposed to both the radon daughters and the gamma. I guess the other one they are interested in now is the thorium. They want that included, and I believe they are entitled to that. I would urge the government to get serious about it.

I have one more area. I talked today to the director of health and safety for the Canadian Union of Public Employees, Mr. Colin Lambert. Some of you might know Colin. I asked him if he thought the committees were working. If I could, I would like to borrow a quote from one of the judges on one of these cases. He said, "Does a pig fly?" I cannot find it, but I think that is what the judge said.

**Hon. Mr. Elgie:** He said what?

**Mr. Martel:** Does a pig fly? When I asked

Colin whether the committees were working, that is what his response was. Let me tell you what is happening.

CUPE is having terrible trouble in setting up committees where there are school boards because the school boards take the position that there are not 20 CUPE workers in the school. If there are not 20 workers in the school, and the act says you have to have 20 workers, and teachers are excluded under the act, you will recall, then you cannot have a committee. They are fighting that one, so the committee does not work. They have been fighting now at Carleton University for six months. I think you had to send in Mr. Basken to try to bring some sense there, but the battle goes on. They tell me it is just about resolved.

Colin tells me hospitals have reversed their decision and are now co-operating. The reason for that is the interpretation being placed on the act by your officials. The act says not more than one meeting a month. That could mean one every two months, every three months, every five months or once a year. The hospitals are delighted with that. They do not have to have one a month, so some hospitals are having one every six months because the act does not say one a month. Your people are interpreting that it is up to them. The hospitals have total control and so they have gone along with it. The interpretation by your people is such that it does not enhance the establishment of committees.

The company—and I will call the board the company for lack of a better term—determines the size of the committee. They decide the chairman, they decide when the committee will meet and they decide everything. Colin tells me of a case where they went to a meeting the other day and the chairman, who happened to be management, had the minutes read and then said the meeting was adjourned. They establish the agenda. It was a great meeting.

That is just another reason, Mr. Minister, that while I accept what you are trying to do, I suggest very strongly it is not going to work. I just want to deal with one other section.

**Mr. Armstrong:** Could I get some clarification, Mr. Martel, about what you say the inspectors are saying about the frequency of meetings? What was that again?

**Mr. Martel:** Colin told me that the act indicates that there be not more than one meeting a month. I have not checked it as I did not have time. I talked to him just before we went into the House. Is that what it says?

**Mr. Armstrong:** No. It says "shall meet at least once every three months." I just wondered what you said he said our inspectors were saying.

**Mr. Martel:** He is coming in from Ottawa to see me next week and wants to bring some documentation. The interpretation of the act with respect to regulations and so on is such that it hinders the proper organization of the committee system. He feels that if the interpretations were being advanced in, shall I say, a different light, it might enhance the formation of committees which are meaningful. I have asked him to bring with him some of the material he has with respect to that so I can share it with the minister.

**Hon. Mr. Elgie:** I still do not understand what he says they are being told about the number of meetings. I do not have that clear.

**Mr. Martel:** He says that in the regulations it said not more than once a month. They do not have to be held more than once a month. I think the act says there does not have to be a meeting more than once a month. I am not going to argue with one little point. He says that employees in CUPE are getting killed by the interpretation that is being placed on the act by your own people.

**Mr. Armstrong:** You will be able to give us that?

5:30 p.m.

**Mr. Martel:** Yes, I will. I intend to.

**Mr. Mackenzie:** If they only meet once every three months, you have problems there.

**Mr. Martel:** The only other area I want to deal with is toxicity because this is the other area where we are in serious trouble. As the minister knows, there are now 60,000 chemicals on the market, either being pushed one way or the other out of the process or as substances. At the rate we are going, there are at least 1,000 new ones being introduced per annum. I understand the Environmental Protection Agency has a registry of chemical substances and has accepted these US standards and that there are some 55,000 entries in that inventory, 686 of which are generically masked, so you do not know what the content is, for trade purposes or some silly thing.

The National Institute for Occupational Safety and Health does not quite agree with them. They have a registry of toxic effects of chemicals. In 1980 there were 39,221 substances listed, and in 1979 that registry grew by some 5,300 as over 1978..

What is bothering me is trying to get a handle on what all that means. As I understand it now, the only thing that is required to put new chemicals into operation or usage in the province is that they have just to advise you that these are coming in and are going to be utilized. So you really have an inventory of nothing. The assistant deputy minister shakes her head. I am glad we got a response. You have an inventory of nothing because you do not know what.

**Mr. Armstrong:** What you said is not right. You said the only thing that is required is a notification. Notification is required. Then, following notification, where, in the opinion of a director, the introduction may endanger the health and safety of the worker, the manufacturer/distributor/supplier shall provide at his own expense an assessment by a person qualified of the composition of the agent and so on and supply it to the ministry.

**Mr. Martel:** What does it really mean in terms of what those chemicals are and how they will affect people? How do the workers know how to interpret what those things will do to them? What does that gobbledegook really mean in the final analysis? It means nothing. It means that we will do what we have done in the past. We will try the substance long enough so that somebody gets sick. He has been a guinea pig for long enough and something happens to him. We will then start to look at that substance to see what the effects are on working people. That is what it means.

That is what it says in your own manual that came out the other day. The manual says, "They have not as yet been adopted as criteria by regulation under section 20(8)(f) of the Occupational Health and Safety Act, nor are they legally enforceable limits. They are, however, intended for use in connection with the assessment of whether or not the health of workers are or may be affected by exposure to a chemical. In making assessments, values established in the booklet are but one of several factors that should be considered in the development of procedures and controls to protect workers."

The system will be that if you get sick, if you get enough people sick and they start to drop dead, you will find out what the cause is. That has been our record to date, and that is what your handbook tells me when you do all your assessment. You will start to do the assessment after the fact.

You tell me where the breakdown is occurring. The manual goes on to say: "Some workers may experience discomfort or adverse health effects

following exposure to the agents at levels at or below the stipulated criteria." That is in the handbook, *Exposure Criteria for Potentially Harmful Agents and Substances in Work Places*. They are coming in at a 1,000 a year and we are not doing any mandatory, pre-market testing, are we, because that would be economically unsound? We are not finding out what the effects on workers are. We do not know, unless you are telling me you have caught up to the 55,000 substances that are there already and are doing the analysis of the other 1,000 that are coming in annually to indicate whether they have an effect on workers or not.

I am from Missouri, Dr. Robinson, and I have been through this route too many times. If you can guarantee me that you are testing and indicating that those chemicals and those substances are not going to be harmful to workers, I will be absolutely delighted. You are going to have to show me what the testing is and what you are doing because I am not going to believe it. Let me tell you why.

You have been establishing criteria. After two years you have succeeded in regulations for lead. You are still looking for regulations in the seven you named just a few short years ago. You were going to have them for asbestos, lead, mercury, noise, silica, vinyl chloride and coke oven emissions. These were matters that were raised last year.

Those are only seven substances. They are coming in at a rate of 1,000 a year. I want to know how we guarantee that workers are not going to suffer as a result of the introduction of chemicals, toxic substances or what, and the number we already have and the number we are falling behind annually with. I am really interested in the answer because I guess what bothers me, and why I would like to see mandatory pre-market testing, is that it is easier to kill it before you allow it to be used, before it is established and somebody has invested a whole pile of money in an operation. It is very difficult to move in after and say they have to clean it up or they cannot use it.

**Mr. Mackenzie:** Urea formaldehyde foam insulation is a good example.

**Mr. Martel:** Yes. My colleague mentions one that was used for the insulation of homes. What bothers me are the new standards you are talking about or the rumour I hear with respect to a *bête noire* of mine for many years, namely, noise levels. I argue that you are going backwards. The minister says to me the committee



recommended it. The province regulated these in 1978 in the Ontario Gazette. I have the regulation here.

It says here, and I think I am reading this correctly: "Minimum duration in hours per day and maximum sound level dBA, 16 hours, 80 decibels; eight hours, 85 decibels; four hours, 90 decibels." You are going the other way because you are going to come back in with regulations that say 90 decibels for eight hours. I do not know why you are prepared to do that, and it is going to be costly. You had hearings this summer, and the rumour mill is that you are going to move to 90 decibels for eight hours.

I appreciate the study because I went to the minister and asked him to have this study done on industrial deafness. What worries me, and I recognize what they suggested, is that it says, "Since 10 per cent of the work force may be exposed to some sound above 85 decibels during a work day, there may be an estimated 430,000 workers at risk." I do not want to take the risk. That is where money comes in. I do not think the answer is putting equipment on people. I mean those uranium miners in Elliot Lake, for Christ sake, can barely walk for the equipment they carry. The answer is not to load them with more equipment like mules. The answer is to clean up the environment they work in. If these are the regulations that were gazetted, I would implore the minister not to change the level. Leave it at 85 decibels and let them come down.

**5:40 p.m**

The difference of opinion is between you and the US National Institute for Occupational Safety and Health. NIOSH says 85 with reservations, but they still say 85.

**Hon. Mr. Elgie:** But their regulations are quite different.

**Mr. Martel:** I think you should leave it where it is and force people to come down to that level. My friend the minister knows we spent a long time talking to Dr. Howard Pearsall.

**Hon. Mr. Elgie:** He was on that committee.

**Mr. Martel:** Yes. If I were to ask the minister now, as I have done in the House on at least three occasions, what has happened as a result of this report with respect to the testing of workers, the provision of funds to rehabilitate those who are deaf, to provide speech therapy and to make sure their equipment is calibrated regularly; and if I were to ask him if there is a special facility in Ontario to retrain people who have become handicapped because of industrial

deafness, the answer would have to be, "There ain't one nowhere and we have not followed very many of the recommendations by Dr. Alberti and Dr. Pearsall."

Asbestos remains a problem area. To quote from your own ministry publication: "First, as noted above, there is currently no scientific basis for establishing any level of exposure as an acceptable guideline. Existing guidelines for controlling exposure to asbestos in the occupational setting have been developed to control the development of asbestosis rather than cancer." What difference does it make whether you die from cancer or from asbestosis? But you are going to control it. If I interpret that statement correctly, it means they will not let you die of cancer, but they will let you die of asbestosis.

If that is the type of levels you are setting, and it has taken over two years to get to this, you cannot understand why I worry about all the other substances for which we are establishing these types of criteria. Yet I see no indication of haste. You are still just in the talking stage about the coke oven emissions. Even this matter has not been finalized.

From the number of jobs that the occupational health branch is doing according to the annual report, I thought you must have at least 5,000 people working there. When I read the description of what you were doing, I said to myself, "If we were only so." It must be Utopia over there according to what has been written. Soon there will not be one problem left. It is written in glowing terms. You should read it some time for your late night reading. When you have nothing else to do, you might read it over a drink. That is what I did.

Finally, I would like to have the following questions answered: Can the minister, or anyone in his ministry, tell us on what basis the Ministry of Labour is proposing standards and guidelines that are above, and I quote, "a harmful effect level," for example, for asbestos and noise?

Secondly, can you explain why in your recently published manual of exposure criteria you are putting out time-weighted averages even though, as you admit in any accompanying notice, "Some workers may experience discomfort or adverse health effects following exposures to the agent at levels at or below the stipulated criteria." I, for one, am not prepared to accept that we expect some people to die from these things. I am sorry. Maybe the world should slow down for a little while.

Thirdly, why are you using 40 hour tim

weighted average exposures despite all the overtime which you know full well is worked over and above the 40 hours? We might also ask what happens when someone gets all his exposure in three or three and a half 12-hour shifts, for example? Does it make any difference? I do not know. Over my years here I have frequently flown by the seat of my pants. As I once told the minister, I usually make my best speeches when I do not know what I am talking about.

Fourthly, will the minister provide me with the detailed comparisons of exposure limits in various countries and agencies for all the substances listed in the exposure criteria manual dated May 15, 1981? I want to know what is going on elsewhere. I would like to see listed Sweden and the USSR perhaps and what NIOSH is suggesting. That would be a fairly good start.

**Hon. Mr. Elgie:** Are we going to have any staff left over to do other things?

**Mr. Martel:** Your staff is involved in those great esoteric studies over there. As I said, it blows the mind, if I could believe you were doing it all.

Could I use some quotes from a couple of judges in the four cases I mentioned? I thought they were gems. This one refers, not that it matters, to the Anchor Cap and Closure Corporation of Canada Limited. "It seems that the corporation defendant has been lulled into a cavalier attitude towards safety by its relatively better record than other divisions' within the same conglomerate. . . I suspect that the management of this corporation does not know or understand the extreme care to be taken to prevent people from having their limbs cut off in machinery."

I remind you of ITT Canada Limited with 40 contraventions of the act, and you have not laid a charge. The judge recognizes that the onus is on the companies. It is too bad the ministry does not.

The quote continues: "It will be noted here that the guarding of the moving parts was not anywhere near the state of the art standard." The judge did not believe them, but the ministry does. The judge says with respect to safety committees: "It is idle as well to urge upon this court that there was a safety committee. The safety committee is required by law, and if the safety committee is not in existence, the employer is punished, heavily I might add. It is idle as well for management to hide behind the skirts of union representatives on the safety committee. The union representatives are ordinary workers

and have not the skills to instruct management in the latest safety procedures." But that is where the emphasis is.

**Ms. Copps:** I am glad to see some of them are wearing skirts.

**Mr. Martel:** Do you think that will help?

You have to change it all around. As I said to the minister at the beginning, you have to provide a balance of power and of knowledge in the committee structure. If you do not, we will go down the slippery slope of seeing this bill become totally useless. With that I will shut up.

**The Vice-Chairman:** Are you sure, Mr. Martel, that that is all you have?

**Mr. Martel:** For a while. I need a rest.

**The Vice-Chairman:** Mr. Minister, did you want to commence your reply?

**Hon. Mr. Elgie:** Ms. Copps has something.

**Ms. Copps:** Mr. Chairman, obviously we originally intended to have the vote today on the issue of occupational health and safety, but the time has been taken up by the other speaker. That is impossible, in my opinion, because I am very unhappy to see that you have left me 10 minutes out of almost two hours.

**Mr. Martel:** I was told, by the way, that we were going to have three hours on this topic.

**Ms. Copps:** We were asked to have the vote today on the issue of occupational health and safety, and we had agreed to that.

**Hon. Mr. Elgie:** If I could interject, I honestly do not see how we can conclude occupational health and safety today.

**Ms. Copps:** I was just saying I do not think we can.

**Hon. Mr. Elgie:** There have been so many questions asked and so many issues raised and the opposition party has not had the chance to contribute.

**Ms. Copps:** I do not know whether you want me to start with 10 minutes left in the hour or would rather I wait until the next time.

**The Vice-Chairman:** I would question the value of that because we would just barely be rolling and have to adjourn.

**Mr. Martel:** We have 10 more minutes. If you want to fill the remaining time, Mr. Chairman, I will.

**The Vice-Chairman:** Might I suggest to the committee on Monday that following routine proceedings we come back to this discussion of occupational health and safety. Ms. Copps, please take as much time as you require.

5:50 p.m.

**Ms. Copps:** I have a couple of other points. It would be helpful to us if we could get the Instant Hansard a little more quickly. I gave you a copy of my opening statement and you rebutted some of the things I said, but it is difficult to rebut the rebuttals if we do not have a copy of either the statement or Instant Hansard.

**Hon. Mr. Elgie:** I do not have any control over that.

**The Vice-Chairman:** I will direct the clerk to take that up with Hansard.

**Ms. Copps:** The minister made some comments at the last meeting to which I was not able to have access. It was done in an extemporaneous fashion, and it is difficult for us to rebut. I bring that to your attention because we gave you a copy of our statement.

**Hon. Mr. Elgie:** You had a copy of my opening statement too.

**Ms. Copps:** But you did have something printed for your rebuttal. It would have been helpful to have that rather than having to wait for Instant Hansard.

Secondly, what are we going to do with regard to the timetable in order to have these estimates finished by the end of the session?

**The Vice-Chairman:** I would just put it to members of the committee that the time remaining, approximately 11 hours, is at the discretion of the committee. On Tuesday Mr. Pathe is coming back, I understand, to discuss industrial relations. If, with the minister's reply and the comments you might want to make, Ms. Copps, we cannot complete occupational health and safety on Monday, then we would have to come back to that on Wednesday. As I say, I am quite happy with whatever the committee wishes. I would just caution you that we do have five other votes.

**Ms. Copps:** I was just wondering if there was a possibility of us sitting tomorrow and Friday in the afternoon.

**The Vice-Chairman:** In the past we have found that very difficult in that some members of this committee sit on other committees which meet Thursday and Friday. Also, of course, members have other engagements and commitments.

**Ms. Copps:** I realize that. I have been sitting on two committees concurrently for the last three months and no one set one aside for the other. But how are we going to have this thing finished before the end of the session? By my calculations, 11 hours does not add up to the potential two sessions that are left here.

**The Vice-Chairman:** We would have approximately two and a half hours on each of Monday and Tuesday. On Wednesday we have closer to three and a half hours.

**Hon. Mr. Elgie:** Doesn't the House sit Wednesday?

**The Vice-Chairman:** Yes, but we have been sitting Wednesday from 1:15 until 2 p.m. and then again after routine proceedings, which would leave us somewhat short of 11 hours. Does the committee have any suggestions as to how we should resolve that?

**Mr. Dean:** We will just have to agree to talk less.

**Ms. Copps:** My suggestion would be that we sit tomorrow and Friday in an effort to make up the difference.

**Hon. Mr. Elgie:** The times are allocated. If the House leaders want to work out any other arrangements, they are free to do so.

**The Vice-Chairman:** Certainly our past experience in this committee has been that when times are requested above and beyond the normal committee sittings, this has been put to the House leaders and almost invariably we have been told by them that it is impossible.

**Ms. Copps:** That is fine, but the reason I raised the point is that the member of the third party today took up almost the whole session on his particular point of view. If we are going to have our time cut short, we should have a tighter allocation of the time for each member. There are a lot of people here who have points of view to put forth.

**The Vice-Chairman:** My philosophy in the chair has always been that the committee members should continue their points as long as they are in order. Certainly Mr. Martel was. However, again my philosophy has been that if members of the other party have comments to make and they take up an equal amount of time that too is in order. I just want to assure you that you will not be cut off by this chair in addressing this same vote.

**Ms. Copps:** I understand that perfectly. However, there are other votes and there are other areas of importance in the estimates. If we are going to restrict the time, and if the estimates are going to be cut from 20 to, let us say, 13 or 14 hours, I think it may be the will of the committee to have a somewhat more frugal discussion in each of the areas so that we can touch on all the areas. To have us spend five hours on one vote and have no time left over for another vote does not make sense.



**The Vice-Chairman:** I quite agree with you. However, I have to say that the time is the committee's own. In our comments in the remaining days, we should all be conscious of the constraints and that we have four votes remaining.

**Mr. Mackenzie:** Experience has shown, unless this turns out to be entirely different from some of the other sessions, that the lengthiest discussions are always on the first vote and the opening statements, in which most members—and I think it happened both in the case of the Liberal critic and myself—cover a bit of the waterfront. The second longest is always the safety and health vote; at least it has been in the four or five years I have been on it. In fact, we have eight and a half hours left, and with what we have had, it means we will be only an hour and a half short of the 20 hours that were allocated as near as I can figure it.

I have two questions of about 30 seconds each. Mr. Martel was speaking for our party, for heaven's sake, in the health field. Then we do not worry at that point about the remaining votes. Those should be the two big ones, and I really do not see any difficulty in dealing with them.

**Ms. Copps:** Can I just determine how many hours will be cut off from our total package of 20 for estimates?

**The Vice-Chairman:** We will certainly provide that for you, Ms. Copps.

As I say, I just want to reassure you that should you wish to take as much time on Monday on this particular vote as was taken by the other party, and even if that spills over to Wednesday, that will be available to you, again cautioning the committee that we have four votes remaining to be completed before adjournment on Wednesday. Of course, the minister also has some considerable reply to the comments already made.

**Mr. Martel:** We have a Board of Internal Economy meeting on Monday.

**Ms. Copps:** Is the minister going to rebut on Monday?

**Hon. Mr. Elgie:** Whenever you finish.

**Mr. Mackenzie:** Mr. Chairman, if you will allow, I can finish our presentation in less than the four minutes that are left. I have a couple of questions.

I have already raised, and have a letter back from Mr. McCrodan, I think, on the storage of B-line and amex in the mine at Elliot Lake.

**Hon. Mr. Elgie:** What are these?

**Mr. Mackenzie:** I am not an expert on this but B-line is, I gather, a type of fuse used in the blasting carried out and amex is the explosive. The miners themselves have raised with me—and have raised it again since I have had the letter back from your ministry—the feeling they have that it is unsafe to store these together. I understand the defence is usually that it is allowed under the Mining Act, but I would like some further comment on that. I can tell you the miners I have talked to are long-time experienced miners, as well as people like Gib Gilchrist, and some of the people who have been responsible for the staff who work there and they are not happy with the storage of the two items together.

I would like to know how we are making out in terms of inspectors. I say that simply because I noticed in one of the cases we had pulled together on Ontario Gypsum, in part of the comments we have, the inspector mentions that if the machine is not turned on he does not bother to inspect it. He also said that if he had seen it operating, he would have issued an order.

The inspector testified that because of the number of places he had to inspect he usually just has time to ask a couple of employees if they have any safety problems. When I was dealing with a more minor case, but one that caused a lot of vexation, at Airways Communications in Hamilton, I was told that one of the reasons for the delay was simply that they did not have enough inspectors in the area and they were short staffed. I would like to know where we stand on the question of inspectors.

The final point I want to make, Mr. Minister, underlines the reason my colleague today has gone into the individual cases, which we think was vital. If you will recall, apart from saying that either we get some action from the feds on the uranium mining situation or you pull your bloody inspectors out to force a point, a year ago we also told you, but in a general way, that if there was a danger to Bill 70 it was in the enforcement.

That may not be coming through to you, but it is coming through loud and clear to us from all of the unions and the central bodies as well. We purposely outlined the cases, as my colleague has done today, to try to give you some sense of our feeling that something we all fought pretty damned hard for with Bill 70 could be very much at question in terms of just exactly where

it is going in the work place, and I think it is too damned important to see it lost.

Almost universally, while there are individual complaints, the question of whether or not it is really going to be enforced is one that is raised with us, and I think it is important that point be made.

**The Vice-Chairman:** In view of the fact that the bells are ringing and we are not yet aware whether there is a division or not, it might be appropriate to adjourn and find out what the heck is going on.

The committee adjourned at 5:59 p.m.

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Armstrong, T. E., Deputy Minister



Ontario.

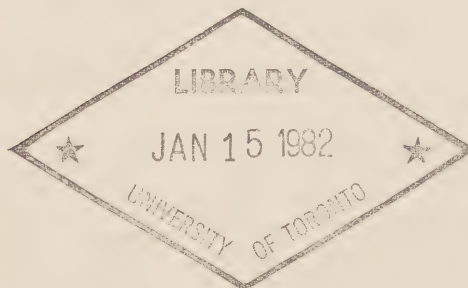
LEGISLATIVE ASSEMBLY

No. S-35

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Labour



**First Session, Thirty-Second Parliament**  
Monday, December 14, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC



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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Monday, December 14, 1981**

The committee met at 4:17 p.m. in committee room No. 1.

### ESTIMATES, MINISTRY OF LABOUR (continued)

**Mr. Chairman:** I call the meeting to order.

On vote 2404, occupational health and safety program:

**Mr. Chairman:** I believe, Mr. Minister, you would like to reply to the comments made by Mr. Martel last week in the area of occupational health and safety programs.

**Hon. Mr. Elgie:** Thank you, Mr. Chairman.

**Ms. Copps:** Just a minute, Mr. Chairman. The format established for Monday was that both opposition parties would make their statements with respect to occupational health and safety, after which the minister would make his response.

**Mr. Chairman:** Yes. My understanding was that last week the critics were to be given that opportunity. Sometimes it is to the discretion of the opposition critic present whether or not to make these comments. I do not know whether you were here or not.

**Ms. Copps:** Mr. Chairman, if you were present on Wednesday of last week when we discussed it—

**Mr. Chairman:** I was not.

**Ms. Copps:** —it was determined that since the third party did not wrap up its presentation until 5:50 p.m., that did not give ample time for the official opposition party to begin its statement on occupational health and safety. It was therefore decided that the Liberal Party would lead off today and then the minister would make a summary reaction after that.

**Mr. Chairman:** In this committee we try to be flexible in allowing the members of the committee to speak on a particular vote item. Usually I rely on the discretion of the committee members to allow time for others to respond. Sometimes a member has special concerns. We have never established a firm policy of limiting comments and discussion, even if someone was not given the opportunity to speak. I do not think it is at the discretion of the chair to force someone to cut or limit his or her remarks.

**Ms. Copps:** Mr. Chairman, that is not the point. On Wednesday of last week, when the third party, without interference from the chair, completed its remarks, it was approximately 5:50 p.m. At this point the chair said that the Liberal Party could respond on Monday and that the minister would then wrap up the whole issue of occupational health and safety.

**Mr. Chairman:** The Liberal Party, I believe, had the opportunity to speak in the order presented. I was not here.

**Ms. Copps:** Mr. Chairman, it was the consensus of the committee on Wednesday that we would be allowed to go ahead on Monday.

**Mr. Chairman:** Was the Liberal critic here, Mr. Vice-Chairman?

**Ms. Copps:** I was here.

**Mr. Gillies:** On Wednesday Mr. Martel was making his remarks, and I think Ms. Copps is quite correct in her recollection that Mr. Martel was in order. I, in the chair, allowed him to continue his remarks at some length. I indicated to Ms. Copps at the time that she would have a more than ample opportunity to respond to the same points today because I imagine we will have a different vote item tomorrow. That is how it was left at 5:50 p.m.

**Hon. Mr. Elgie:** I was just going to say, Mr. Chairman, the organization in this committee has been first to have opening statements from the critics. Then the minister responds to the aggregate of statements. When we get into specific votes, it is the tradition to respond to each member's criticisms of the particular vote.

**4:20 p.m.**

I do not want to make a big deal of it, but there had been a pretty stinging attack on the division and members of that division, and I think the minister should have a chance to go along with the traditional way of responding to it. I do not intend to cut in on anyone's right to raise comments and I am not going to make a big issue of it, but I do not see why we should have a repeat of the opening statement. That is my only objection.

**Mr. Chairman:** It is my prerogative to decide

the order of response by the minister to a particular comment. Very often a minister will reply immediately to a question, whether it was 30 seconds in length or took an hour and a half. The minister may answer immediately, and there is nothing in the standing orders that says I should not have the discretion to allow him to reply to a particular question addressed to him by a member of this committee.

I feel the minister should answer the questions raised by Mr. Martel at this time. After the response has been completed, Ms. Copps, you may raise any questions that you have on the first item of the fourth vote.

**Mr. Martel:** I am waiting with bated breath to hear the minister's response. I suspect I could wait a few more moments, mind you, because I feel Ms. Copps was advised she would be given an equal opportunity on Monday to respond. I hardly think, Mr. Chairman, you should come in here and arbitrarily say that your predecessor in the chair should not have said that. He made a commitment to her, and I think you should allow her to respond. Then we will give the minister his opportunity.

**Hon. Mr. Elgie:** No one is suggesting that she does not have a chance to respond.

**Mr. Martel:** It is up to you. I am prepared to stay till hell freezes over.

**Mr. Chairman:** I believe that Ms. Copps will have the opportunity to address that particular item on vote 2404. I would like to ask the minister to respond to Mr. Martel at this time. There is nothing in the standing orders to prevent the minister from responding.

**Ms. Copps:** Mr. Chairman, I asked this on Wednesday, and at the time it was indicated that each party would be allowed to carry on at some length. I am extremely concerned about the time frame we are looking at between now and Thursday.

**Mr. Chairman:** So am I.

**Ms. Copps:** I would like to know whether the chair is prepared at this point either to apply some time limits or to set extra time once the House rises to carry on with the estimates. I did not develop all this material only to be told I have 10 minutes between now and six o'clock to respond to statements. If we are going to get through these votes, we are going to have to set some time limits.

**Mr. Chairman:** I am glad you raised this. It would make my job much easier if we had some procedure to limit remarks. The members

themselves lead us into this problem by talking at length and by not giving an opportunity to other members to participate in the questioning. I do not want to say that there is an attempt to filibuster, but I think the present system hinders progress.

We have approximately 10 hours left. We have three days to complete the estimates. As far as I know, we may have to meet on Wednesday at 10 a.m. in order to complete the estimates. You are only creating problems for yourselves if you do not allow other members of the committee to address the minister and to express their concerns. It is unfortunate that some members go on for an hour and a half to two hours.

It would make my job much easier, and I will entertain a motion right now, if someone would move that the comments from the committee members be limited to 10 or 20 minutes.

**Ms. Copps:** Can we move our own motions, or do motions come from the chair? I would move a motion that we should carry on estimates after the date of prorogation.

**Mr. Chairman:** That is something that is up to the House leaders to decide. The only flexibility that is given to the opposition critics is under item 1 of the first vote. According to the standing orders, you may speak at length, but to continue on every item of every vote to speak for an hour and a half or two hours is—

**Ms. Copps:** Mr. Chairman, I would remind you that we have not had a vote yet.

**Mr. Chairman:** Exactly.

**Ms. Copps:** So we are still on item 1 of the first vote.

**Mr. Chairman:** The reason we have not had a vote yet is your request to proceed under different vote items. I could have been quite firm and said no.

**Mr. Gillies:** Mr. Chairman, in that respect your ruling is quite consistent with the ruling I made on Wednesday, which was that as long as a member is in order, he or she may continue his points, and that I did not feel it was the job of the chair to unduly interfere with the right of the members of this committee to speak and make their points. However, I think the earlier suggestion you made may be a better solution, namely, that this committee meet on Wednesday from 10 o'clock until one, which would give us three more hours, rather than continuing on the estimates after the prorogation of the House.

**Ms. Copps:** I cannot be here on Wednesday morning. I don't know about anybody else.

**Hon. Mr. Elgie:** Surely that is a question for the House leaders to decide.



**Mr. Chairman:** One House leader has no objection to meeting at 10 o'clock. I do not know about the others. I am sure that Mr. Martel took the lengthy time that he did because of the serious concern he had on those various items.

**Ms. Fish:** Mr. Chairman, I think we have reached agreement. The minister will respond. He has indicated he wants about half an hour. Then Ms. Copps can speak to the issues.

**Mr. Chairman:** That is precisely the way I wanted this to proceed, if you do not mind.

**Ms. Copps:** I could not have guessed it.

**Hon. Mr. Elgie:** Last Wednesday, my friend—I think he is my friend—the member for Sudbury East (Mr. Martel) spent close to two hours on a single question that expanded into an extensive attack on the whole division of the ministry. His attack was three-pronged.

First, he clearly disagrees with the basic premise of the Occupational Health and Safety Act—he thinks it is not going to work—that employers and employees share a responsibility for a healthy and safe working environment.

**Mr. Martel:** Right.

**Hon. Mr. Elgie:** Secondly, he believes the act is not being properly administered by the staff of the division; he cites a number of specific examples in support of that allegation. Thirdly, he does not believe the ministry is making a concerted or, as I take it, a sincere effort to control toxic substances in the work place.

For reasons which will become apparent, I do not accept those arguments. While not claiming we have achieved any state of perfection, and I said so in my opening statement, I reject categorically the unqualified criticisms that were advanced. I appreciate that it is his role to criticize and, generally speaking, I enjoy and in some sense even admire the forthright and often colourful way in which he expresses his criticisms.

But in this instance, if I may say so, his attack, in my view, was for the most part unfair and unbalanced and failed utterly to acknowledge the magnitude of the task facing the division in implementing a piece of legislation which is just over two years old. We have civil servants who work far beyond the call of duty. The vast majority of the division staff and the very considerable successes they have achieved since October 1979 are evident.

Without quarreling with the member's right and, indeed, obligation to advance legitimate concerns, I would have hoped he would have

been a little more balanced in his criticisms. However, since he was not so, I am compelled to respond at some length in an effort to place these important matters in what I see is their proper perspective.

**Mr. Martel:** I told you he worked overtime.

**Hon. Mr. Elgie:** I want to deal, first of all, with the philosophy on which the act is based and with the ingredients of what has become known as the internal responsibility system, a concept which was singled out for attack and which, with respect, I do not think he fully understands, or if he does, he does not treat it seriously, nor does he give it the importance it clearly deserves if we are to move ahead in this critical area of public policy.

It is easy, of course, to argue that the invocation of internal responsibility is simply a means by which ministry inspectors can abdicate their responsibilities, shrug their shoulders and throw problems back to labour and management for internal resolution. But that is not an accurate description of the concept, nor does it portray what it is happening in the real world as opposed to the world the member has conjured up. That world of the member is kind of a cynical world, a world of insensitive, management-oriented inspectors. I do not accept that.

**Mr. Martel:** I expect you to defend your staff.

**Mr. Chairman:** Mr. Martel, I would appreciate it if you would not interject. I am sure the minister listened with great interest to your comments last week. We would appreciate it if you would act in a similar manner.

**Hon. Mr. Elgie:** I enjoyed the member's nonprovocative remarks last Wednesday, but because of the importance of the philosophical and functional underpinnings of the act, I would like to spend a few minutes reminding my friend and committee members that the internal responsibility system was a central feature of the Ham commission report. This report was enthusiastically received in 1976 by all three parties, by unions and by management. It forms the basis of the present act, a statute which is acknowledged to be one of the finest of its kind in any jurisdiction.

4:30 p.m.

At the risk of oversimplification, Ham's concept may be summarized as follows: He concluded, "Unless and until the three major players—employers, employees and government—accept their appropriate roles and work collaboratively to make this multifaceted respon-

sibility system work, meaningful progress in health and safety in the work place will not occur."

As he put it: "There are five principal interacting forces at play. One is the quality and kind of industrial management and supervision. Two is the degree of participation and commitment by employees, both individually and collectively through their unions. Three is the state of social awareness and expectation in the community at large. Four is the measure of political attention as expressed in legislation and administrative practices by government. Five is the combined effectiveness of all parties—employers, employees and their unions, and government," operating, I may add, as a system. Welcome to the system, Mr. Nixon.

Ham then goes on to elaborate on the roles of employers and employees, but in view of the member's criticism of the ministry's role, I want to focus mainly on that aspect of Dr. Ham's recommendation. The report identifies four key elements of government responsibility: first, to set a framework of definitions and regulations within which the responsibility system at the company level is required to function in order to limit risks to acceptable levels. This we have done under the Occupational Health and Safety Act.

The second is to audit the state of compliance with this framework through inspection. I shall return to the inspection audit function later. The third is to monitor the introduction of technological change to the extent that change impinges on health and safety matters. The fourth is to evaluate through epidemiological review, related statistical studies and research the extent and nature of the problems of injury and disease which are the human basis for the legislation.

These were the principles accepted by the government when the Occupational Health and Safety Act was introduced and enacted. They are the principles that guide the work of the division in implementing the provisions of that act.

Since much of my friend's criticism focused on the day-to-day administration, especially in relation to inspections and enforcement, I want to stress the second point where Dr. Ham emphasizes the key notions of auditing and monitoring. As he puts it, "achievement of a sound balance between self-regulation and legal compulsion, an objective impossible to attain without the continuing co-operation of all parties."

I think I emphasize these points for obvious reasons. There are approximately three million employees in Ontario covered by the Occupational Health and Safety Act. On the industrial and mining side alone, there are approximately 67,000 separate establishments. There are also countless work places added as a result of the broad coverage provided by Bill 70 and the very substantial number of notifiable construction projects—as many as 13,000 in any given year.

If we were to increase our inspectorate a hundredfold, even a thousandfold, there is no way this complex tapestry of industrial-construction-commercial enterprise could be policed in any comprehensive way.

**Mr. Martel:** That is what I said.

**Hon. Mr. Elgie:** At best, government can audit in a systematic and vigilant way, but the third-party government presence can never be constant nor pervasive. That must be obvious to all. This undeniable reality, this sheer volume of the task and the unavoidable administrative limitations to constant policing explain the essential features of the Ham approach. As I have said, it is reflected in the act in the following ways:

First, codes of employer and employee responsibility are set out, expressed in general terms in the body of the act and in more specific terms in the three sets of comprehensive regulations in the construction, industrial and mining industries.

Second, there is the requirement for health and safety committees and safety representatives, recognizing that in the past there have been inadequate opportunities for workers to communicate their views and their knowledge on working conditions.

Third, there is the ultimate sanction available to workers under the act—one not recommended, I should note, by Dr. Ham—and that is the right, as a tool of last resort, to refuse to perform unsafe work without a penalty.

While these are the key concepts, there are other secondary protections: the right to accompany an inspector and the right to information concerning a variety of matters relating to health and safety, to name only two.

In short then, we not only accepted Dr. Ham's recommendations, but we went beyond to provide rights and protections for workers which are equal to or better than those in comparable legislation elsewhere in the world. Yet my friend says the act is doomed to failure, if I understand him correctly, because in matters of power and knowledge the scales are tipped in management's favour.

He adds that this imbalance in knowledge and power is further affected by the fact the ministry's inspectors are, in effect, management-oriented. Those are my friend's assertions, but I ask him where is the tangible evidence in support of these allegations? Why does he persist in the assertion that both the ministry and management are indifferent to the health and safety of workers in this province?

I must confess to some difficulty in distinguishing between fact and fancy, rhetoric and reality, as I listen to him discuss these matters. On a number of occasions, formal and informal, I and my deputy have been faced with similar allegations from representatives of organized labour. In each case we answered: "Give us the facts. Come forward with your concerns, and you can be assured that those which are well founded will be addressed."

When the particular abuses—and there have been some abuses—have been identified, no ministry has been more receptive at the senior levels to addressing specific problems and solving them. I think the member is aware of the series of meetings held over the last 18 months with the steelworkers union, and there are other examples.

I ask, in all candour, is he seriously suggesting either I or my senior officials have failed to respond properly to particular complaints he or representatives of labour have brought to our attention? And in those cases, where investigation has shown there were endemic attitudinal problems to be overcome, does he seriously expect that attitudes of suspicion, mistrust, paternalism or straight neglect can be solved overnight?

Does he really expect in those situations that the ministry should simply lash out with a series of punitive prosecutions, rather than attempt to get at the root of the problem and fashion permanent solutions? If he thinks that, I must tell him quite forthrightly that he and I differ in a most profound way as to the manner in which urgent problems in the work place should be addressed.

Certainly deliberate contraventions of the act cannot be tolerated, nor, I would submit, are they. By the same token, every technical contravention cannot be fought out in the provincial courts; nor is the precise demarcation line between those cases which lend themselves to stern admonition, as opposed to prosecution, as clear and as easy to draw as my friend would have it. Deliberate and persistent disregard of the act is, and will continue to be, pursued in the

courts, but I do not and will not support a prosecutorial approach based on some mechanical formula having to do solely with whether or not a contravention is a repeated one or one occasion.

I say this for several reasons. Although it is essential in some cases, prosecution is an admission of failure in problem solving. It is an admission that the matrix of shared responsibility in a collaborative setting has broken down. As I have said, there are duties cast upon employees as well as employers and, to be evenhanded, neither employee neglect nor similar conduct by management can be ignored.

Again, as a general rule, I continue to believe that in the majority of instances the educative effect of a strongly worded directive is to be preferred where possible to the quasi-criminal route of the provincial court. I happen to believe, and here again my friend and I may part company, that in most matters relating to the work place and to labour relations we must strive to avoid actions which tend to polarize people and jeopardize relationships.

You may disagree, but that is my view. However, I want it fully understood I cannot and will not tolerate activity of a certain character, whether it be employer or employee activity. Prosecutions are warranted and must be launched where there is evidence of gross negligence, indifference and repeated flouting of obligations. This is especially true when the conduct jeopardizes the wellbeing of the worker or, even worse, results in serious injury or death. In those cases, the full forces of the law must be brought to bear. Where justified, the courts must be urged to impose the severest penalties.

That is the philosophy of the ministry and the one which, contrary to my friend's assertion, is carried out in practice. He may point to exceptions. I am sure there will always be exceptions. Neither the ministry nor the division makes any claims to infallibility or even that it is so organized and structured that errors in human judgement will not occur from time to time. My friend has mentioned several situations where such errors on the surface appear to have been made.

However, what you failed to acknowledge is the hard work, dedication and successful results achieved in the vast majority of situations. I listened to your presentation, which I know you meant sincerely and with genuine concern, but as I listened, I wondered whether you had any knowledge of the sense of commitment and



dedication with which the employees of this division in the line and staff branches bring to their everyday work.

**4:40 p.m.**

Mr. Chairman, this is one of the sad but perhaps inevitable aspects of this type of proceeding, characterized as it is by colourfully expressed criticism and rhetorical exchange. As someone has said, it is this aspect of our work which makes legislative debates such a popular spectator sport. But it is none the less sad because in making sweeping, shotgun accusations, the integrity and reputation of hard-working, honest and dedicated public servants is damaged. Several isolated instances are held out. Representatives and listeners are invited to conclude the entire program is flawed and that the entire field force is insensitive to the needs of employees.

Little wonder public servants become despondent when they listen to or hear about sweeping criticisms of their efforts. They are accused, sometimes by indirection and sometimes more explicitly, of incompetence, neglect or even worse. I wonder whether our increasing difficulties in attracting able persons to the public service is due, as the member has suggested, to salaries relatively lower than those paid in the private sector. It may have to do, at least in part, with the damage they perceive to their reputations by exaggerated and sometimes totally unfounded allegations from those of us operating in the political arena. The cut and thrust of debate sometimes obscures the need to ensure our accusations are accurate and supported by facts.

I know many of these people in the division personally—senior administrators, directors, hygienists, physicians, engineers and inspectors—and I know of the generally high quality of their work and of the seriousness with which they pursue it. You know many of them as well as I do, and I would hope that before this debate concludes you would attempt to acknowledge these facts. I want to make it clear we have within our division a dedicated, honest and competent group of professional public servants, as good as in any branch of government. Certainly a casual observer at last Wednesday's debate would not have concluded that. He would have concluded the opposite.

If the member agrees with my observations, I hope that before this debate is over he will say so; otherwise, if he really believes incompetence and indifference characterizes the staff of the division, I urge him not to accuse them by

innuendo. Name some names and allow those named individuals to come forward in their defence and, where they think the accusations are unfounded, to take whatever steps they feel they need to. The public service and, indeed, the very fabric of our political system, as has been seen in other countries, may well be at stake if we keep on criticizing public servants without giving them an opportunity to defend themselves.

In our desire to dramatize allegations relating to individual, isolated and, I suggest, atypical situations, I hope we will not besmirch the reputation of a group of innocent and dedicated public servants. I know you did not intend that, but I can tell you there is a very real risk that kind of shotgun criticism will have that effect.

Mr. Chairman, there are some other areas I want to deal with if I may. There is the issue of jurisdiction in uranium mines. There is the issue of some statistics and there is the issue of toxic substances. But the problem is that of the individual cases, and when I get to that in a moment I will make some comments if I may.

There were suggestions the ministry failed to bring certainty to the jurisdictional question concerning health and safety in uranium mines. In my view, the record shows we have taken all reasonable steps to do just that. It would take a considerable length of time to review our efforts and accomplishments in this area. However, for the record, I would like to set out my understanding of the present position, which I believe is fully understood by both the steelworkers' union and the two companies involved. The validity of federal jurisdiction over all aspects of the atomic cycle, including uranium mining, has been authoritatively established by the Supreme Court of Canada.

It is also agreed, without serious reservation by anyone, that at the very least the federal Parliament has the paramount right to enact laws relating to all aspects of uranium mining. This includes matters having to do with health and safety. Some lawyers take the position that the federal power in this area is exclusive and the provinces are without any jurisdiction. Others say there may—and I emphasize the word "may"—be concurrent jurisdiction in the provinces to enact health and safety laws for uranium miners. However, they all concede such laws must yield to federal laws under the paramouncy doctrine where there is an operational conflict between the two sets of laws.

In matters relating to radiation health and safety, the federal Parliament has totally and

exclusively operated the field by virtue of its regulations under the Atomic Energy Control Act. As to conventional health and safety, the Ontario act and regulations have been incorporated by reference as part of the regulations under the Canada Labour Code. This means uranium workers in Ontario have the full protection of Ontario laws so incorporated, except where they are in conflict with the substantive provisions of the federal code.

There are three areas of potential conflict. First is the imminent danger provision of the Canada Labour Code which, it is argued by some, is less stringent than the Ontario provision relating to the right to refuse to perform unsafe work. This is mentioned not to argue with you, but to point out potential areas of conflict. The second is joint health and safety committees which under the federal code must be imposed by the federal minister.

The third is the matter of prosecutions which under the present scheme of incorporation by reference must be undertaken by the federal Department of Justice rather than by law officers of Ontario. It has been suggested that since there is a possibility that Ontario may have concurrent jurisdiction in these matters, it is open for the province to insist upon compliance with its act in respect of work refusals, committees and prosecutions, notwithstanding the fact that the same matters have been dealt with differently in the federal code.

Ontario's position is that it is impractical to suggest that two statutes covering the same subject matter can coexist and that there is, in fact, an operational conflict in the three areas I have mentioned, with the result that the federal provisions prevail under the paramountcy doctrine. Accordingly, as a strict matter of law, a reference to the courts on the question of concurrent jurisdiction would be an academic exercise. Moreover, as a matter of practicality, the areas of conflict are either resolved or are about to be resolved at the safety committees. Those are now in place.

As to the right to refuse to perform unsafe work, the Deputy Minister of Labour of the federal government has undertaken that the code will be amended shortly to provide right to refuse work provisions that are similar to ours. The third, that is, who should launch the prosecution, is not, I would say, a matter of serious import.

Against this background, I ask, are there really substantial unresolved problems? We have entered into an agreement with the federal

authorities to act as their agents in enforcing their laws, that is, the regulations under the Atomic Energy Control Act and the Canada Labour Code regulations. These matters were fully discussed by the deputy and other senior staff at a meeting last month with the steelworkers. Present at that meeting was the federal Deputy Minister of Labour and the president of the Atomic Energy Control Board. It was agreed that any outstanding issues relating to the administration would be addressed locally in discussions involving government authorities, the unions and the companies. I do not think there is anything more the province can or should do.

My friend suggested we should act as though we have full, unrestricted legislative authority and proceed to enforce the Ontario act directly. Alternatively, he has suggested we withdraw our inspectors and leave matters entirely in the hands of the federal authorities. Whatever the attraction of those alternatives, they are, in my submission, neither practical nor in the best interests of the workers. Therefore, we shall continue to act responsibly as agents of the federal authority unless and until more appropriate arrangements are made. I would emphasize the initiative for any change must, because of the constitutional division of powers, come from the federal authorities with whom that jurisdiction resides.

The member for Sudbury East (Mr. Martel) also cast doubt upon the calculations relating to the fatalities reported in the annual report of the Ministry of Labour in comparison with the statistics published in the annual report of the Workmen's Compensation Board. First, I would draw your attention to the difference in reporting procedures. The occupational health and safety division data relate to the fiscal year, whereas the WCB reports for calendar years.

In 1980-81 the occupational health and safety division reported a total of 101 fatalities—50, including 12 in logging, in the industrial area; 27 in construction; and 24 in mining. The Workmen's Compensation Board report for 1980 states that the entitlement for survivors' pensions was established in the cases of 272 industrial fatalities. The figures of 101 and 272 are not comparable, though the term "fatalities" is used in both reports.

The ministry figure represents the number of accident fatalities reported and investigated by staff. The number of fatalities are not comparable because the WCB reports entitlements

relating to industrial fatality claims, not just the actual number of fatalities occurring in the work place.

**Mr. Martel:** It was 59.

4:50 p.m.

**Hon. Mr. Elgie:** The board includes compensation or claims paid out in a number of areas and occupations beyond the jurisdiction of the occupational health and safety division, for example, work places under federal jurisdiction. The board includes in the entitlement count those claims resulting from occupational disease, whereas the occupational health and safety division reports fatalities resulting from occupational injury. The board entitlement for survivors' pension figure includes deaths resulting directly from injury or disease, as well as deaths of persons in receipt of a pension in compensation for illness or injury sustained in years past.

**Mr. Martel:** That is still 272 in three months.

**Hon. Mr. Elgie:** Mr. Chairman, the member was absent when in my opening remarks I dealt with the subject of designated substances. I do not intend to read those remarks over again, but I would refer him to those remarks, which describe the complex consultative process which we undergo. They are contained on pages 58 to 68.

I have to tell him quite honestly that the addition of the open consultative process with all parties at the end has, it is true, added greater length to the task. Here is an example of some of the briefs, and here are the original health documents, the revised health documents following the brief and a whole review of all of the substance of the brief. That is just a small part, but it has nothing to do with the working document.

Let us take the mercury regulations, for example, where there is the same process and the same public consultation. There is a 12-page letter to the advisory council accompanying that regulation, a 12-page letter in reply and now a 12-page letter back to them. It is a difficult and long process, but I hope you will agree that the net result is something on which there is some general agreement.

God knows, we would like it to go faster, and we really believe that with the initiation of that first lead regulation as the prototype the process will be faster. But it is not an easy process, and the hours that the people in this room put in are far beyond what they are obliged to do.

**Mr. Martel:** But there are 1,000 substances coming on the market annually, and you have not got time unless you have pre-market testing.

**Hon. Mr. Elgie:** We are talking about designated substances. That is another issue we are getting to.

My remarks on noise and coke oven emissions were really made last Monday in rebuttal to part of Ms. Copps' opening statement. I would refer you to those since I do not want to take any more time in this committee.

Now the problem we face, Mr. Chairman—I really do not know what the answer is to this; I am in the committee's hands—is what to do with the some 21 specific allegations in particular instances. The staff here are prepared to respond to each of at least those 21 allegations or, if members wish, we can prepare a written response to each of them and give it to every member of this committee. I really am in the committee's hands in that regard, knowing the time constraints we have. So I will leave that up to you.

**Mr. Chairman:** Is there any suggestion from any of the members?

**Mr. Gillies:** If we are getting into specific cases here, I would think it would be preferable that the minister provide a written response. I do not know how other members feel, but we have a limited number of hours left and other members wish to make comments. We could well spend the rest of the sitting of this set of estimates on hearing the 21 replies.

**Mr. Chairman:** It seems to make sense for you to have a reply prepared for each of the individual allegations. How many are there—24?

**Hon. Mr. Elgie:** At least, with the subdivisions. We are not in any sense trying to avoid this, but to be honest, we are talking about at least two to three hours. I know Ms. Copps' views. Let us see what other members think.

**Ms. Fish:** Pursuing the matter of Mr. Gillies' suggestion that the response be in writing, I suggest that it be tabled with the clerk, thereby forming part of the record of the committee to be made available to members as soon as possible. If there is some further questioning, it could be pursued. I do not know if it is unreasonable to suggest that it be made available tomorrow. Then if there is a follow-up with some questions, it could be done on Wednesday perhaps.

**Hon. Mr. Elgie:** It cannot be done tomorrow.

**Mr. Chairman:** When can you have this ready?



**Ms. Fish:** What kind of scale of material are we talking about? Perhaps we should get a better understanding of that.

**Hon. Mr. Elgie:** It would take a long time. Dr. Robinson, have you a time frame to suggest as to when you might be able to have the responses to these questions available?

**Dr. Robinson:** Written responses, Mr. Minister, would take quite some time. I would say several weeks.

**Mr. Chairman:** I believe Ms. Copps wanted to comment.

**Ms. Copps:** It is obvious that if we want to get into every element of occupational health and safety, certainly the issue with respect to Terry Kennedy in Hamilton, raised by my colleague from Hamilton East (Mr. Mackenzie), is a very critical one.

5 p.m.

**Hon. Mr. Elgie:** Terry Ryan, do you mean?

**Ms. Copps:** I am sorry, Terry Ryan. The ministry should be taking a look at this vis-à-vis the number of charges which were originally laid and the number of charges which were dropped in the final amount of the fine, which was not a deterrent in my opinion. What I really wanted to zero in on was something I feel is a fundamental flaw in the—

**Mr. Chairman:** We are going back to the question of how to deal with the 21 cases which were referred to or raised by Mr. Martel and to find a solution on how we should answer this, if you do not mind. I believe Mr. Gillies has another thought.

**Mr. Gillies:** I think an underlying concern of Ms. Fish's and mine would be that if the answers are provided in writing, Mr. Martel and other members of the committee would have a chance to respond to the minister's response as it were. Is there a concurrence coming up for your ministry, at which time the opposition could respond?

**Mr. Martel:** It will certainly be before Friday. Dr. Robinson has already indicated it is going to take several weeks.

**Mr. Chairman:** We are faced with two possibilities, Mr. Minister. You could start answering each one of these now, which I would feel would be a little absurd because of the time it would take. I am sure the priority is to discuss particular items on the estimates.

Would Mr. Martel consider it acceptable for

an answer to be provided to him and the other members of the committee in the shortest time possible following the estimates?

**Mr. Martel:** I have no objection. I want to get a chance to respond afterwards.

**Mr. Chairman:** How do we deal with this? What is your suggestion, Mr. Martel? Is there a motion or any suggestion on this? I will entertain any suggestions.

**Mr. Martel:** Mr. Chairman, the minister has said categorically that some of the charges I have made are rhetoric and injurious to some of his employees, to which I say balderdash. I have gone through this game before and I have heard the same thing from previous ministers.

Do not tell me about rhetoric. That is what they said about Elliot Lake. That is what they said about the sintering plant in Sudbury where 90 people died. You have not answered anything on designated substances, using people as guinea pigs—nothing.

**Hon. Mr. Elgie:** If you want me to read the whole opening statement I will be glad to. I covered that in great detail.

**Mr. Chairman:** Mr. Martel, it is quite serious to say that people have been used as guinea pigs. You feel very strongly about some of these things, but if the minister—

**Mr. Martel:** I want you to tell me how else the workers are used.

**Mr. Chairman:** Mr. Martel, the minister wants to answer the 21 cases you have raised, and we are trying to find a solution to providing you and the committee members with those answers.

**Mr. Gillies:** Mr. Chairman, I will move that the answers by the minister be provided to the committee in writing and that they be tabled with the clerk as part of the estimates.

**Mr. Chairman:** Is there a reasonable time frame you could suggest to the minister?

**Mr. Gillies:** As soon as possible in January.

**Mr. Chairman:** All right. If someone will second that motion, we will vote on it. The motion has been seconded by Ms. Copps, Mr. Minister. You are to provide a reply to these 21 cases as soon as possible to Mr. Martel and to the other members of this committee.

Motion agreed to.

**Hon. Mr. Elgie:** That is fine, Mr. Chairman. I just want to make it very clear that there are staff members here who are prepared to do their

best to answer your questions now, but I think it would be more meaningful for you if they are answered in further detail.

**Mr. Chairman:** We are on vote 2404.

**Mr. Martel:** Before you move on, Mr. Chairman, you might tell me when I will get an opportunity, once I have reviewed these answers, to come back and respond to them.

**Ms. Coppins:** Mr. Chairman, can I also ask when I will have a chance to respond to the original opening statement, which was prior to this and which we have not had a chance to respond to at the moment? Under the circumstances I think we should just move along.

**Mr. Chairman:** That is precisely what I wanted to do, to ask you to speak. Mr. Martel, as to the possibility of your replying to the minister's reply—

**Mr. Martel:** What, by letter?

**Mr. Chairman:** —I am sure it can be done some way, either in writing or in a personal meeting with the minister.

**Mr. Martel:** Don't be silly. You mean you do not want it to be made public, is that it?

**Mr. Chairman:** Order. This committee has decided, Mr. Martel, that we will proceed with a response from the ministry on all of the cases you have raised.

**Mr. Martel:** I am in your hands, Mr. Chairman, but I am just asking you where I will get an opportunity to respond.

**Mr. Chairman:** I am sure that as a veteran in politics you have very ingenious ways of getting an answer and that the minister will also find an imaginative way of communicating to you his reply to your comments. We will now proceed to Ms. Coppins. We are still on vote 2404, item 1.

**Ms. Coppins:** Mr. Chairman, I did want to draw again to the minister's attention the issue of Terry Ryan which was raised by the member for Hamilton East (Mr. Mackenzie) last week. What I really wanted to zero in on is the issue of occupational health and safety and the relationship between carcinogenic and environmental factors, specifically industrially related factors. I think it follows along with some of the statements we made in our opening statement and also with the minister's rebuttal.

The minister drew from a study which apparently was released in the Hamilton Spectator and was done by some people at McMaster University. It said that in certain instances carcinogenic cancer can only be environmentally related in less than four per cent of the

cases. The whole issue of what role the environment plays, specifically regarding industrial environmental occupational health and safety, is very crucial and critical in determining the ministry's approach to any given problem.

Let us take the problem, for example, of asbestos. The minister himself called together a commission to study the issue of asbestos and to find a safe level. I think if the minister takes a look at the National Institute for Occupational Health and Safety findings prior to the calling of this hearing, there is no safe exposure limit for asbestos. He knows that. Yet even though the results of the commission on asbestos are to be released within the next few months, the minister chose to go ahead and set an arbitrary level for asbestos exposure. It does not comply with any of the environmentally safe levels as suggested by NIOSH and other groups.

I would like to refer again to some of the comments I made in my opening remarks on the treatment of the environmental factors in occupational disease. NIOSH has already stated there is no safe level for asbestos. They have also clearly stated the real issue in occupational cancer, and according to the New York Academy of Science, it is not so much of whether we can prevent it, but whether we are willing to prevent it.

As Labour Canada indicates, Canadian governments—and I use the plural, so the minister cannot strictly apply the blame to the federal situation—have hesitated to adopt policies which would help to head off occupational cancer. Canadian workers will undoubtedly pay with their lives because of this reluctance to take preventive action.

Political issues have certainly been very prominent in the issue of occupational health. It is pointed out in the book, *Dying for a Living*, the *Politics of Industrial Death*, that to the average observer, the issues seem so complex that the judgement of specialists must be trusted in an issue like the carcinogenics and the application of environmental industrial disease.

Meanwhile, the experts themselves frequently disagree. We arrive at a situation where there are experts at McMaster University relating one percentage for environmentally related industrial disease, while another expert in another area is relating a different figure. While the experts talk past one another, few people realize the debate often revolves around certain unspoken political questions.

Experts, like most people, approach problems and scientific riddles with certain mental

sets and assumptions. These assumptions can influence the questions asked and therefore can influence supposedly unbiased investigations. In any occupational and environmental controversy, it is wise to discover the answers which experts would give to such political questions as: What is the cutoff point where the employer's obligation to provide a safe working environment ends and the employee's duty to accept certain risks begins? Should people ever be placed in a situation where they rationalize health risks in their everyday lives for the sake of progress or for jobs? Should the burden of proving an environment safe be made the responsibility of industry, government, the people it serves or the group questioning the environment safety? Should people be subjected to health risks from industry, even though they do not directly benefit from industrial enterprise? What exactly is the proper balance between job economic benefits and health risks, et cetera?

The minister, in rebutting the suggestions we made with respect to the safe level of asbestos, has clearly gone with the argument that four per cent ratio or less is the percentage we can look at for causing environmental disease. We, in the Liberal party, have recently sent out a questionnaire to those workers who during their employment with Johns-Manville have been subject to industrial disease. We have received responses both from employees and from the widows of employees.

When we are talking about the kinds of choices that must be made in occupational health and safety, we have to take a look at the situation facing most of these workers. We are still collating the questionnaires because they just started coming back. I must say the response to date has been tremendous. We have received 41 responses so far. Of those responding, 22 are not receiving any kind of pension or assistance, despite the fact that they or their now dead spouses suffered from industrial disease.

If I could read into the record some responses from those workers and those widows, it would give us an indication of the way we are treating the issue of asbestosis as an occupational disease in Ontario. "Working for Johns-Manville 26 years, never received a pension, suffering from asbestosis; working for Johns-Manville 27 years, not receiving any remuneration from either Johns-Manville or the Workmen's Compensation Board with respect to asbestosis; 25 years with Johns-Manville, suffering from asbestosis, no pension.

Here is a letter to a widow whose husband was receiving a pension, but at the date of his death it was cut off. I would like to read into the record this letter from the WCB on the subject of this particular workman's death. "The matter of entitlement for dependency benefits is being referred to the review branch for consideration. We were sorry to learn of the death of your husband on August 24, 1981. At the time of his death this gentleman was receiving a 50 per cent award for pneumoconiosis, namely, asbestosis. The cause of the death has been reported as acute myocardial infarction.

"The last examination by the advisory committee on occupational chest diseases took place on May 7, 1980. It is also the medical opinion here that had this gentleman been examined immediately prior to his death, his disability rating, due to the compensable component, would not have been raised to 100 per cent. Therefore, the review branch concludes that the information on record would not support the granting of entitlement to dependency benefits for this instance."

This gentleman worked at Johns-Manville for 28 years. He had been receiving a pension from Johns-Manville and also from the WCB on the basis of a compensable condition directly related to asbestosis, and when he died his widow got nothing. That kind of a response is not in keeping with the supposedly elucidated or illuminated approach we have to occupational disease in Ontario in 1981.

Again, there is another worker who receives nothing and who has been working there since May of 1955. Another pensioner, who started in 1958 and worked until 1980, is no longer able to work because he suffers from asbestosis, and he has no pension.

Here are more examples: 19 years, no pension; 15 years, no pension; 25 years, no pension; 12 years, no pension—this information is from a widow whose husband died as a result of asbestosis; 30 years working directly with asbestos; 32 years with the company, no pension; 33 years, no pension; 28 years, no pension; 28 years, no pension; 30 years, no pension; 20 years, no pension; 18 years, no pension; 20 years, no pension; 27 years, no pension; 23 years, no pension; and 17 years, no pension.

Those are the responses from the people who have suffered or whose spouses suffered or actually died from asbestosis. They receive no pension in 1981, when we have already had a



very condemning verdict on the situation at Johns-Manville with respect to the Canadian and the US situation.

5:10 p.m.

I would like to read into the record a comment that was made by the Minister of Labour, as reported in the *Saturday Globe and Mail* of May 24, 1980: "Labour Minister Bob Elgie told the Legislature yesterday that because of the workers' unique position, the board will allow those workers who are disabled in some way to enter into the Workmen's Compensation Board special job rehabilitation program."

From the information I have been able to extract, Mr. Minister, only three employees have actually been enrolled in the program to date. There are 10 more who are to be starting, or would have started, some time this month. It seems to me to state, as in the *Globe and Mail*, that you are going to be setting up a special program for those people who have been hit by the asbestos problem, but to have only three employees enter into the program, is certainly ludicrous.

I would also like to read into the record a case that is now in the hands of the Ombudsman, the case of Jean Rozema, who, as of July 23, 1976, had been fighting the WCB for nearly three years; again, it is a case of a cancer-causing substance. The gentleman died of stomach cancer, and the government had been unwilling to accept his claim.

According to the record of the Johns-Manville Corporation in the United States, certainly in the view of a US judge, the company deliberately failed to alert its employees and customers from the 1930s well into the 1960s to known health hazards associated with asbestos. The company, of course, is facing law suits totalling nearly \$2 billion from its US employees.

Let us go back to those who are actually receiving some pension from Johns-Manville here in Canada. Here is an employee who is unable to work because he suffers from asbestosis. He worked for Johns-Manville for 25 years and receives a \$100-a-month pension, which will begin in April 1982, from Johns-Manville and will gain nothing from the Workmen's Compensation Board. Another case is that of a gentleman with 30 years' service with the company who is receiving a pension of \$200 a month from the WCB relating to his asbestosis problem.

A third person worked for 30 years. This response states that for himself and two children the total amount of money he received from the

Workmen's Compensation Board amounted to \$746 per month. His widow now states, "I was getting \$87 up to the first part of this year and \$634 until the first part of the summer from the compensation board," and then there was a raise. "My husband was so bad the last year or so that they gave him a pass to park with the office staff as he could not make it from the parking lot without stopping for breath, but they wouldn't put him on compensation. He never received one cent. I got it from the day he died, which was October 30, 1976." This is from a widow whose husband never was able to take advantage of the supposed assistance for workers who had been struck with occupational diseases.

There is another person with 27 years' service who receives \$130 a month from the WCB for an occupationally related disease, and another with 20 years' service who receives \$482. He appealed his case to the WCB, but was informed that due to arthritis he was entitled to only 40 per cent compensable. However, as a result of his breathing, he is unable to live a normal life. There is someone who cannot breathe, and yet the WCB would not recognize the fact that he is on 100 per cent disability pension.

Mr. Minister, I could go on and on. The list of stories from those individuals who have worked at the Johns-Manville company and have been struck down with the problem of asbestosis is endless. I would like to read into the record a letter from another woman who has written to me to give a little information about her husband's asbestosis. "As you can see on the questionnaire, my husband has not worked since June 1978. Although the specialist classified it as a compensation case, we did not receive compensation—just for six months, sick benefits.

"Since October 1977 my husband has been receiving a monthly disability pension in the amount of 10 per cent. On July 1, 1978, it was raised to 20 per cent, and in September 1978 he received \$198 a month. It has recently been increased to 30 per cent, and that is why his pension has gone up to \$394." Her husband just came out of the hospital last week.

The letter continues: "The result is that he now has cancer of the lungs, and I mean both of them. Is anybody doing anything for him? No. He should be on 100 per cent disability, according to the specialist. Maybe you can help us. Please." That is a woman whose husband has 27 years' service with Johns-Manville and is receiving a 30 per cent disability pension at present, even though he now has contracted cancer of

both lungs. Again, here is a case of \$121 WCB benefits for someone with 30 years' service; and on and on and on it goes.

I would like to read a couple of other personal letters into the record because these people not only took the time to fill out the questionnaire, but also to recount their individual situations. One is this letter that says: "Because my husband died of mesothelioma, I have always received compensation. In January 1975 I wrote letters, was interviewed on TV and generally waged as strong a campaign as I possibly could to get help for those whose husbands had died of unproven cancer, heart or other related asbestos diseases.

"I submitted a rather lengthy brief to the royal commission, with copies of letters of appeal as well as the replies. If there is any way I can be of help, I will to the limits of my nonworking time." This woman, whose husband died from mesothelioma, is only receiving \$492 as 100 per cent widow's benefit, and that is for a person who has died because of that industrial disease.

I will be collating the results of the survey as they come in. I think the overriding impression that comes from the quick perusal we have been able to give to the questionnaires to date is that not only has Johns-Manville not had a tremendous record in compensating its employees and recognizing the problem of asbestosis as it hits them, but also it has deliberately hidden from its workers the dangers related to long-standing exposure to asbestos.

Certainly the government should be taking a more aggressive position with respect to settlement of claims for those workers. I think, Mr. Minister, that if you were to follow our suggestion that you set up a separate branch of the Workmen's Compensation Board to deal with these asbestosis claims, that would certainly be a help under the circumstances.

The sad corporate history of the Johns-Manville company, both in the United States and in Canada, is enough to justify the levy we suggested in our opening remarks. That was a levy that would have come from companies involved in working with asbestos to pay workers who have been suffering 100 per cent from occupational diseases.

I would also like to make some comments relating to the matter that was raised by my colleague, the critic from the NDP, about the situation in Elliot Lake. Over the last few years I think the minister has received enough evidence about the exposure level of those who have been involved in working with asbestos to

bring down some very serious guidelines in that regard. Even though the minister has come down with an interim position on the safe levels of asbestos exposure, I would ask that he consider the fact that the National Institute for Occupational Safety and Health and other scientific sources have stated that there is no safe exposure level to asbestos. We would hope that as soon as the royal commission brings down its report, the minister is going to take a more aggressive approach to the whole question of exposure to asbestos.

I would also just like to point out, relating to the actual vote on occupational health and safety, that one of the issues that constantly plagues all of us is how to determine what is environmentally related, what is occupationally related and what is a question of straight lifestyles and whether there is a synergistic effect, to which the minister referred, between the issue of smoking and the possibility of developing cancer, et cetera.

**5:20 p.m.**

I notice that the minister's budget for the area of special studies has decreased in the last year by 0.1 per cent. I would think that if the minister and his staff are really serious about getting a handle on which scientific point of view is correct, the minister could put a little more money into the kind of research that is going to clarify once and for all whether we are talking about a four per cent environmental risk or, as quoted in "Dying for a Living," up to 40 per cent environmental risk. Certainly the statement I made in my opening remarks would suggest that the possibility of occupational cancer is very much enhanced by the kind of environment one works in.

It is not only enhanced by the environment in which one actually works, but enhanced by the environment in which one lives. For example, people who live in certain areas of my community presumably would have a greater exposure level to the industrial problems related to cancer because they are living in a very industrial area, and most of those residents would be living in my riding. We have an almost 35 per cent discrepancy between the percentage points you are quoting on the environmental risk level of four per cent and the levels I quoted in my research from NIOSH and other scientific groups.

Just to back up that position, I would like to read into the record from another clipping from the *Globe and Mail* in 1978: "At that point in time, 20 per cent of all cancer cases in the



United States, at least four times the amount previously estimated, may be caused by asbestos and other chemical agents contacted in the workplace, government scientists say. They estimate that 67,000 Americans a year contract lung, intestinal and other types of cancer from asbestos exposure alone—17 per cent of the annual new cancer cases.”

We should be able to determine the percentage we are talking about, either through the Ministry of Labour or through incentives to the private sector or the post-secondary sector, and you may want to pass this along to the Minister of Education, whose position seems to that of cutting back rather than increasing the research budget at the post-secondary level. It seems that when you want to try to get hold of information and research that is available, most of that research comes from the United States. In fact, the percentages quoted in the Canadian situation and the research we were able to garner was fairly limited in the Canadian domain. The minister or his colleagues in the House may want to consider that. If they really want to get a handle on the problem of asbestos and how occupational health and safety is being harmed by the asbestos situation, they may want to be putting more money into that situation.

I did want to point out to the minister some interesting statistics that came from Elliot Lake. The minister is probably aware that during the 1960s and the early 1970s there certainly was no compunction on the part of the company at not letting the workers know the kinds of levels they were being exposed to in Elliot Lake. We have seen the very dire consequences of that refusal on the part of the company to let their workers know what exposure levels they were being faced with.

**Mr. Martel:** Or the government.

**Ms. Coppins:** The government and the workers hand-in-hand. I think it is important, bearing those facts in mind, that not only must the minister adequately and amply compensate those who have already been exposed to the problem and have already contracted asbestosis, but also in a situation like the myocardial infarction I mentioned, which left a woman widowed, the WCB can no longer take the position that a myocardial infarction is not related to occupational disease and, because it is not a 100 per cent total disability, not then offer any assistance. I think you have to start taking the more humane approach to a problem that in essence was perpetrated by the company and also by the government's lack of commit-

ment to getting the information to the people so that the situation was allowed to be prolonged over a number of years.

The government—and I know that the present minister was not responsible at that time—could have taken a more aggressive position in exposing the situation as it existed at Elliot Lake. We certainly have on the record the fact that company doctors in many instances were informing the WCB or informing the company of a worker's health situation at the same time that the information was shielded from the worker, and that is certainly not an acceptable situation.

The only way the ministry is really going to get a handle on the whole question of occupationally related diseases is, first of all, through its own research or research that it is able to garner from across the province. However, as the minister indicated in his own statement rebutting my opening statement, he can accept a notion that four per cent is the effective amount of influence that the environment has on occupational disease, whereas every major scientific journal I have been able to look at, including Canadian- and American-based ones, have used figures which range anywhere from 20 to 40 to 45 per cent.

For the minister to come into this committee and quote a four per cent figure as being the relationship between the environmental occupational factors and diseases like mesothelioma or asbestosis or cancer is just not an acceptable position. If the minister believes that four per cent is the figure we are talking about, then he is certainly not providing an incentive to the people in his ministry to get out and really try to deal effectively with the problem of not only clearing and cleaning up the work place for the people who are going to be affected in the future, but also for dealing with the widows, the orphans and the workers who themselves have been denied jobs or have been thrown out of their jobs as a result of occupational disease.

The minister has to change the attitude of the ministry by agreeing to the fact that carcinogenic environmental factors comprise up to 40 to 45 per cent of the cancer-related diseases which we see in issues like asbestosis. If the minister is insisting on referring to one obscure piece of evidence which would state the contrary, then I think he is missing the boat as far as occupational protection is concerned.

I would also ask the minister with respect to the cases I have quoted in Johns-Manville that he change the position of the WCB. Hopefully,



this may be forthcoming with some of the positions in the white paper. In the case of a person whose husband has suffered 100 per cent industrial disability as a result of asbestosis and then dies as a result of that injury, to then give the widow a maximum of \$492 a month is ridiculous.

Anyone in this day and age who would try to live on \$492 a month would realize that it is not sufficient to replace lost income. One can never replace a dead spouse in any case, and it is not intended to do that; but certainly that amount cannot replace the earning power of a spouse who would have been able to work and who would have been able to carry on, if it were not for a specifically related occupational disease. To give the widow \$492 a month is frankly a joke. For all of the respondents so far to the questionnaire, the average compensation for those who have been recognized even as partially disabled as a result of their occupational disease comes in at somewhere less than \$200 a month.

When one sees historically the portrait of the role of Johns-Manville in this country and in the United States, and when one has seen time after time that company doctors were certainly not giving the workers the benefit of their experience and information with respect to exposure levels, then I think, as a government, we have to be prepared not only to set up a fund that would respond to the problem of workers suffering from asbestosis at the WCB level, but we also have to be prepared to move in on those companies and to demand a levy that would be somewhere in keeping with the kind of occupational disease that is related to the work they are in.

**5:30 p.m.**

In his rebuttal, the minister mentioned that even with magiscan there were too many problems with the counting of fibres. However, just last year, one of his ministry officials, during a lecture at the University of Toronto, described magiscan as the tool for the future which would enable us to get a reading on a safe exposure level to asbestos in any given industrial situation. If the minister is not prepared to act on that; if he is not prepared to lower the safe level of exposure to asbestos, nor to insist on the use of alternative material in areas where asbestos is not needed for manufacturing purposes; then I think the least he can do is to set up an asbestos compensation fund so that the families of those who are suffering the effects of long-term exposure to the substance and the families of those who have died may be compensated.

Those should be priorities in the occupational health and safety area. The minister should lower the level of exposure to asbestos; he should obtain more magiscans for Ontario; and he should be looking at establishing some system which will enable us to keep a reading on people who work with companies like Johns-Manville, for instance, who are exposed to asbestos at levels which have cost some people their lives.

**Mr. Chairman:** Thank you, Ms. Copps. Mr. Minister, perhaps you or some of the experts from your ministry will wish to reply.

**Hon. Mr. Elgie:** Mr. Chairman, I would be glad to make some brief remarks. I regret that I cannot comply with the latter part of Ms. Copps' address because most of the comments raised really do not relate to the estimates before us, but to the Workmen's Compensation Board. Nevertheless, I will comment on some of the remarks. In view of the fact that Ms. Copps has indicated that the Terry Ryan case in Hamilton is of special importance to her, perhaps that is an issue I should ask one of the staff to comment on.

I am not saying that the Hamilton conference and the views expressed there were the be-all and end-all. I merely point out that there are a variety of views in society about the role that lifestyle, environment and occupational hazards have in cancer. Sometimes it is a symbiotic one and sometimes it is not. Sometimes the components act in isolation. All I am saying is that the figures vary, and to accept one set of figures as gospel has some hazards.

I suppose some of the experts—and I am not sure just to whom you are referring—may enter into their studies with a prior mental set which influences their studies. This is something I have been saying for a long time to people who read those studies and rely on them. In my view, only studies that are subjected to critical peer review at meetings and in the literature are the ones we should look at.

**5:40 p.m.**

One of the problems our health study people have in the ministry is selecting those documents and studies which have been subjected to peer review and have stood that kind of test. To simply rely on the latest paper written is what creates the kind of problem you have pointed out, notwithstanding that I may be making that admission for reasons which differ from the suspicions you may have of some of the views presented.

You have said that there is no safe level for asbestos, but I don't think anyone knows for sure what is either a safe or a hazardous level. But we do know certain things about asbestosis, and efforts in the past have been aimed at controlling asbestosis as we gain more information about asbestos as a cause of cancer. I like to believe that the reason we appointed the royal commission was to get a better understanding of that, not only from the point of view of occupational health and safety, but also as it affects the environment and the public in general. I would also like to point out, as I have in my statement, that one of the matters before the royal commission is the very issue of the adequacy of compensation being received by the victims of asbestos.

I am a little concerned that you have chosen to read off a list of complaints. Whether they are legitimate or not, I really cannot comment on them, nor can anybody else, because what one should do, if one is serious about finding out the details about a particular person's claim, is to pursue it with that person at the board to see what the true facts were. To simply cast out statements like "27 years and no pension" really means nothing unless one knows the medical and other evidence which was before the board at whatever level, including the final level of appeal and including a review by the Ombudsman to see what the particular case was.

It does none of us any good to pursue another case issue with no names, no details and no facts, and I mean that quite sincerely. It implies that there has been negligence on the part of the appeal board of that institution. It really is not fair to make that kind of sweeping accusation in the absence of detailed facts about specific cases.

You made a reference to the special rehabilitation program, which I had indicated would be made available to those workers at Johns-Manville who wished it. That program has been in place for many years; it was not a new program introduced by me. What I did say was that if Johns-Manville closed down and there were workers who wished to go into the special rehabilitation program, they could do so. I do not know how many have gone into it. You say they number three, and I can only have that checked out with the board to see if it is correct. But what I said in my remarks in 1980 remains factual, namely, the program was to be made available to anyone at Johns-Manville who wished to take advantage of it.

You have read a lot of letters from widows

and others who claim that on their husband's death they did not receive a pension. There are a number of things you must understand. The board has criteria with regard to mesothelioma, bronchogenic carcinoma and a variety of cancers which may or may not be related to asbestos, and the guidelines are laid down.

In the case of mesothelioma, it would be most unusual for the board not to accept a case of mesothelioma, but in the other cases, some of the bronchogenic carcinomas—as I recall my pathology, it is the small cells, the oat cells—have a little closer relationship, while in others it is not quite as certain. One has to look at the specific case to ascertain the reason for it.

It is no surprise to know that the pensions vary according to the degree of disability. If it is less than 100 per cent, it means the death relates to asbestosis. If the disability is 100 per cent, it does not. Whether or not you agree with it, that has been a policy position and a legislative position of the board for many years. That may be something we have to look at, but one should not start saying, "only 30 per cent," or "Why didn't you do this?" It is right in the act why they did not do it. If there is a partial disability and a death as a result of asbestos—or any other agent, by the way—there is a pension. If there is a 100 per cent disability and there is a death from any cause, there is a pension whatever the cause. I do not think there is any mystery about that.

With regard to Elliot Lake, you know very well that the working level exposure there is set by the Atomic Energy Control Board. We all understand that. The board and I have met with workers at Elliot Lake on many occasions and they have raised the issues Mr. Martel raised about the thorium exposure and the direct gamma ray exposure. I have asked the board to explore those things and see if there is any validity to that from a compensation point of view, but not as to setting standards because that is not within my control. There is certainly no lack of interest in that whole issue.

I want to emphasize that the royal commission which is reviewing asbestos now is really commanding world attention. People are coming here from all over to take part in it and sometimes to give evidence. I recall that an attorney from the United States questioned some of the witnesses. Right now it is considered to be the focal point with respect to asbestos, and that is what we intended it to be, because it is an issue which has to be addressed, notwithstanding that the number of situations in

which workers are exposed to asbestos has diminished considerably with the closure of Johns-Manville, which pretty well narrows the situation down to brake linings.

I do not think anyone wants to debate with you the best way to record the number of fibres per unit of space. However, although magiscan may be the tool of the future, I am advised by Dr. Robinson, who has had a fair amount of experience in this area, that it is not the tool of today. Dr. Robinson, do you want to talk about that?

**Dr. Robinson:** The problem with the magiscan is that it is an instrument which is based on the optical microscope. It has a video camera attached to it and the image is then thrown up on a video display terminal. There is an automated counting system with it, and the result you get is a count of the number of fibres. There is no means of distinguishing whether the fibres you count are asbestos or any other type of fibre. It has some serious difficulties, too, in terms of the count that it provides where there are aggregates and clumping. These are the problems with it.

It is an instrument that is still very much under development. It may become suitable for more routine purposes at some time in the future, but certainly not now. Its most serious disadvantage is that it is not distinguishing asbestos from other fibres.

**Hon. Mr. Elgie:** Dr. Robinson, there was also a comment about the special studies budget being reduced and concern that that indicated a lessening of the interest in research. What is the story on that?

**Dr. Robinson:** The position there is that there was, in fact, a small increase in the special studies budget. I think it is probably misleading for the member to think that the entire special studies budget is devoted to that one particular area. Special studies includes a number of groups. It includes safety studies and the radiation group, as well as the health studies group, and it is not the only branch within the division that is concerned with studying health effects. Some of that work is done in the occupational health branch and some of it in standards and programs. Simply to look at the budget figures may be misleading.

**Ms. Copps:** Perhaps the doctor misunderstood me. I did not say that the special studies budget was to deal specifically with the issue of asbestos. However, it would be valuable for us to know—and maybe you can table this with the

committee at a later date—the actual amount of money that is being spent in occupation-related research across the board, broken down into individual areas.

**Hon. Mr. Elgie:** Is it possible to set out the studies that are being carried out?

**Mr. Robinson:** We can set up the studies that are being carried out, but it may be somewhat difficult to put a time allocation and the number of man-years on each of them.

**Hon. Mr. Elgie:** We will do our best.

**Ms. Copps:** I would also like to ask the minister about the comment that the safe exposure levels at Elliot Lake are set by the federal government. My concern was primarily related to the relationship between Dr. Charles Stewart and the situation at Elliot Lake.

I think that concern was amply laid out in an article in *Saturday Night* magazine in 1976, which specifically related that Dr. Stewart, as the chest specialist for the Workmen's Compensation Board, had information which was made available to the company and not to the workers. I think your reference to exposure levels being set by a federal government agency does not respond to the point I was trying to make.

**Hon. Mr. Elgie:** I meant that that is the area the WCB deals with, compensation as a result of exposure. That is in their domain and Dr. Stewart is with the WCB, not with the health and safety branch. If you want to question Dr. Stewart about what he did, then I think we should do that when WCB is before us. He is not here to defend his view.

**Ms. Copps:** I certainly agree with that. However, bearing in mind the comments that were made in this article and in many other articles over the last few years, government does have some responsibility for workers not being informed at the time of the occupational hazards which were occurring. That was my reason for raising it under the estimates for occupational health and safety.

**Mr. Chairman:** We have two more questioners, Mr. Martel, followed by Mr. Mackenzie.

**Mr. Martel:** Let me respond to the minister's response, which I thought was rather weak-kneed. I must say, Mr. Minister, I have heard all of that rhetoric before. My friend Linda Jolley, who sits out in the audience and who did all the studies for Stephen Lewis with respect to Elliot Lake, has heard it all too: how we unjustly named people and were irresponsible and how



we used mere rhetoric when we dealt with the Elliot Lake situation. She lived in that community as most of us did for a time, trying to get to the bottom of it. When I hear people tell me about rhetoric, I want to tell you sincerely, there was no help from any ministry with respect to Elliot Lake.

The facts were hidden. There was no assistance with respect to the sintering plant and the number of men who died and are dying yet. We heard all that gobbledegook about how irresponsible we were. I do not apologize for one word I raised last week, though I want to deal with just a couple of them.

Enforcement will never work as long as the committee system is run by management. In the instances I spoke of, the unions had very little say on when they would meet, who took minutes, who was chairman and the whole business. They did not have the ultimate power to do the jobs they needed to be able to do.

Today I received the list of accidents at ITT Canada Limited. Perhaps I could give the minister a copy. All of them dealt with two major types of injury. If someone had been doing his job at ITT when it occurred, we might not have to raise it in the House. That is not just an isolated example. You may not agree with me, but the problem is one of imbalance.

Too much power remains with the corporation for your system to work. The other part is knowledge. You are asking all unions to be able to foot bills in order to hire a lot of people. I do not know who is supposed to do it in the plants that do not have unions representing them. There is a lack of knowledge on the part of those trying to protect the people they are working for. In the case of the union and its membership or a group in a plant, I do not know where they would get the cash to do the studies that some people like the steelworkers can afford to do.

The minister says he could not have the staff. I think I said it would need thousands of inspectors. That is why you have to get tough. I realize you could not hire enough staff to police them all. However, I get upset when you have 95,000 orders in the industrial sector part alone and you have to repeat or reissue 10 per cent of the orders.

It might be nice if we could get a breakdown of why you had to reissue orders. If I put that on the Order Paper, you would take a year to prepare the response. My question is: Why do you go back? There might be the odd time when you have to reissue an order, but when it is with respect to guards and so on, I do not think there

is a necessity to reissue an order. If management does not comply with your first order, then move in.

I did not say it was the first line of attack, but I do not think you should have to reissue orders. Once they are issued and your inspectors have said there is an unsafe condition, there is an onus on management to rectify the situation. I do not think you should go back two, three or four months later, to be faced with a company that has failed to reissue the order.

I just want to deal briefly with fatalities. If I listened to you carefully, one group is on a fiscal year and the other is on a calendar year. There must have been a lot of fatalities in three months to make a difference of 172. Even if you take out the ones in 1980 who died of exposure to something or as a result of some industrially related disease, there are still 59 left. That still leaves you out by a substantial number. Are you telling me the other 100-odd fatalities that occurred were people who were not protected by the act or where there was federal authority? The imbalance is really high, even when you take out those who died from industrial disease.

With designated substances, Mr. Minister, you put your finger on my concern, namely, to indicate the volumes of material. I accept that as a reality of life. It is my concern that substances come on the market so quickly. I understand you can demand testing to be done on new toxic substances. How many did you call for last year? On how many of these new toxic substances did you make enquiries and insist on more information? My concern is about guinea pigs. I say workers are guinea pigs when the fatalities start to show up, as they did with asbestos and as we knew a long time ago with uranium.

**5:50 p.m.**

The studies on uranium were all done before the Senate in the United States in 1959 or thereabouts. It was only in 1974 with the death of Gus Frobel from Elliot Lake that we started to get a handle on it in Ontario. We had the studies that showed the fatalities in the United States long before Elliot Lake. The ministry of mines and northern resources, or whatever it was called in those days, warned about it in its own study eight or nine years before the issue came to a head. It warned to watch for uranium and its effects.

Linda Jolley went down to the ministry of mines' caverns and started to dig out all the statistics. That is when it came to the fore. But the fatalities were there, and that is my concern.

I say you have to have pre-market testing because there are a thousand substances coming on the market and there are 55,000 we know nothing about, and I go by your own documents, your handbook. Let me quote from it. I might as well take the time because it scares me to death. Your own handbook, which just came out, makes the following statement:

"They are, however, intended for use in connection with the assessment of whether or not the health of workers is, or may be, affected by exposure to a chemical. In making assessments, values established in the booklet are but one of several factors that should be considered in the development of procedures and controls to protect workers. Some workers may experience discomfort or adverse health effects following exposure to the agents at levels at or below the stipulated criteria."

With the variety of substances and chemicals that are coming on to the market, what mechanism do we have whereby people are not guinea pigs? Do we have to wait until the fatalities start to occur 15 or 20 years down the road, as they did with sintering, as they did with Elliot Lake, and so on? That is my concern. You might think it is rhetoric and you might think it is exaggerated and you might think it is a lot of other things.

I have been on this route over the 14 years I have been here, whether it was Elliot Lake where I spent a lot of time, whether it was the sintering plant, or whether it was industrial deafness. We have heard the same nonsense every time we have raised it—there was too much rhetoric, too much dramatization, too much examination. You call it what you want. I am from Missouri and I have been on this route.

When we were cracking the sintering plant, we could not get a doctor in Sudbury to help us. It was Dr. Ceciloni in Hamilton who provided the assistance. It was not the Workmen's Compensation Board, it was not the Ministry of Labour and it was not the Ministry of Health, although we were raising it.

If you want to take it one step further, I have been raising the issue of chronic bronchitis in the plant in Sudbury, as you know, for three or four years. There are 22 per cent of the employees affected. Seven per cent smoke and seven per cent have it naturally, but what about the other seven per cent? We have just ignored it and pretended it was not there. Because you cannot pick out which seven per cent might be those who are affected from exposure in the plants in Sudbury, you let them all suffer. You might not pick the right ones.

When I hear this balderdash about exaggeration, I want to tell you, Mr. Minister, it is based on years of trying to improve conditions in the work place for workers, and I want to tell you that co-operation has not been forthcoming from your government over the years.

**Mr. Mackenzie:** Mr. Minister, first of all, I would like you to get an answer to one of the questions my colleague from the Liberal Party, Sheila Copps, raised, namely, the number of Johns-Manville workers in the special program for them. I think if you go back to either the 1978 or 1979 estimates, you will see we spent a lot of time on the number of workers who were being forced to continue to work, even though they had already established pensions at that plant. Nobody else would take them and it was easier for the company to hang on to them.

As far as the workers were concerned, it presented some problem because, as they were drawing their salary as well as the pension, they were willing to stay there, even though most of them knew what the hell they were doing to themselves. They just knew there was no other place they could work. If I am not mistaken, some two years ago the figure was three, and there were a half dozen or eight or 10 workers who were waiting for the program. I would like to know if there has been any change in the two-year interim period because clearly in the estimates of a couple of years ago exactly that question was asked.

Secondly, how closely do you monitor the position of the Ontario Federation of Labour in terms of some of the problems? There are two paragraphs in the report of the director of health and safety from the convention just finished that I think are significant. As far as the first one is concerned, I want to tell you I agree with him. He makes the comment: "In what appeared to some as an attempt to cool down a very hot public issue caused by asbestos in public buildings, schools, et cetera, the government has appointed a royal commission to look into the matters of health and safety arising from the use of asbestos." It goes on to mention the monitoring they are doing of it.

I can tell you there are a hell of a lot of people in the safety and health field who figure that the royal commission was not necessary. We know what the situation is, and it is literally a stall, if you like, in terms of some action on workers' problems with asbestos.

Another thing is the toxic substances, with which we have dealt here at some length, and

the attempts to get a proper scheduling. It is interesting to note that in the director's report to the delegates at the OFL convention he made the following comments: "Labour's views and recommendations were submitted to the ministry at the beginning of the process." This is the process of looking at the toxic substances. "However, it became apparent when the standards were made public that little, if any, attention was paid to labour's recommendations. The finalizing process is in the political arena, therefore removing it from reality."

I, at least, would take it to be a fairly responsible and interested body, although the minister may not. I do not know any body that is more interested than the Ontario Federation of Labour. That is their comment about it.

Specifically on that, one of the things I would like you to give us, Mr. Minister, is an update of the identification and scheduling of the work being done on toxic substances. I have the first one given to us back in the 1979 estimates—I believe it was that year—where the substances that were going to be dealt with immediately were listed, and then there were the 1979-80, 1980-81, 1981-82 and 1982-83 lists.

When we were going through the opening statements, I listened and marked my lists. On some of the items you are now beginning to look at background information, and I see that you came up with a new list. I did not have that and I do not know when it came up; I just got it from my colleague here. But I have noticed that the 1980-81 list, which is much longer, includes all the items that were on the 1979-80 list and most of those on the 1980-81 list that you originally gave us. The 1981-82 list has the next two years that were on the previous list.

Once again I would like to get, if possible, an update to see how far behind we are, what kind of scheduling it will show now for 1981-82, and if we shall find all of those items back to 1979-80 on the list for 1982-83. You have these kinds of lists because you have now submitted two of them to us. I would very much like you to file with this committee, as part of your response to our questions, the new list of the toxic substances you are looking at, giving the new schedule dates for those particular toxic substances. It would be interesting to do a further comparison, as we have done with these two lists.

**Mr. Chairman:** Mr. Minister, as we are planning to talk about industrial relations tomorrow, would you like to answer both Mr. Mackenzie and Mr. Martel now?

**Hon. Mr. Elgie:** We could go on and on about whether there is an imbalance of power and knowledge. I do not think there is any doubt that there are imbalances in certain situations; that is no mystery. I hope you understand that we are trying to provide some information to people, for instance, through the extensive grants we have given to the Ontario Federation of Labour to train workers and give them a better understanding and to train trainers to go out and diffuse information. Similar grants, as you know, have been made to the steelworkers and, I believe, to the Labour Council of Metropolitan Toronto. I cannot recall the exact details.

Even having said all that, I think we do have to do more to see just how well or how poorly the health and safety committees are working. The Burkett commission report commented on that. It said there were certain things that clearly needed to be seen to be happening, a greater commitment from chief executive officers which should pass down the line, and they made some comments about some perceived changes which needed to be made from the union side.

I am just saying that I recognize there may be problems, and that was one of the dimensions that Burkett was asked to look at. Similarly, I have asked the advisory council to travel around the province, through a task force, to evaluate just how effective these committees are and to assess their functioning. Certainly we have to be doing that. I am not saying that the world out there is all roses. I recognize that there will be good committees and bad committees. I think we cannot just sit here and talk about them; we have to find out if there are problem areas, and that is what we are proposing to do. We have already asked the advisory council to travel through the province, hold those hearings and evaluate the effectiveness of these committees.

On the the fatality figures: I can only repeat what I said in my answer. I am told there are differences between the two figures. Staff are continuing now to try to find the differences in terms of federal employees and other coverage. For example, 25 of the deaths in the figures of the WCB were from prior to 1980, and for some reason they are included in that. I do not know why they are there. We are starting to single out the differences and I hope to have that answer for you when we get to those responses.

**Mr. Chairman:** Before we adjourn, I would



like to ask the committee members to decide whether or not we should cut the allocated time for these estimates by approximately two to three hours, which would be the case if we follow the planned meetings as indicated on the order paper, or whether you would wish to continue to meet until the allocated time has expired. That will mean making a decision to meet on either Wednesday from 10 a.m. to 1 p.m. or Thursday from 10 a.m. to 1 p.m.

My understanding is there are three other committees which meet on Wednesday morning, so there may be a manpower problem for the NDP. There is only one committee meeting on Thursday at 10 a.m. That would make it easier, but I do not know whether the minister would be available on Thursday. I guess the preference would be Thursday from 10 a.m. to 1 p.m., if you decide to continue until the allocated time has expired.

**Mr. Gillies:** Keep in mind, Mr. Chairman, that the House will sit at 10 a.m. on Thursday.

**Mr. Chairman:** There will not be a question period at that time, so I would imagine there is no need for a great representation and presence in the House.

**Ms. Copps:** I would suggest we meet on Thursday.

**Mr. Chairman:** Thursday at 10 a.m. I have checked with some of your ministry people and apparently it is possible, Mr. Minister, but you could inform us tomorrow.

**Hon. Mr. Elgie:** There are some meetings and I would have to know if they are important or if they can be cancelled.

**Mr. Chairman:** Take into consideration the fact that this committee would like to meet at 10 a.m. If there are no objections, that will be the recommendation to the House leaders.

The committee adjourned at 6:05 p.m.

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**From the Ministry of Labour:**

Robinson, Dr. A. E., Assistant Deputy Minister, Program Administration, Occupational Health and Safety Division.



Ontario

No. S-36

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Labour



**First Session, Thirty-Second Parliament**  
Tuesday, December 15, 1981

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC



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## LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

Tuesday, December 15, 1981

The committee met at 3:38 p.m. in room No. 151.

ESTIMATES, MINISTRY OF LABOUR  
(continued)

**Mr. Chairman:** I see a quorum. We adjourned yesterday, having completed the general discussion on the vote 2404.

I would like to return to vote 2401. As you know, with the introductory comments from the opposition critics, we spent three days on the first vote. I would like to suggest that we could carry vote 2401, items 1 to 9, inclusive, and then proceed with the industrial relations program. With Mr. Pathe present today, we could concentrate on vote 2402, as has been requested by a number of committee numbers.

**Mr. Mackenzie:** My question is not lengthy, but there is one thing that is still unclear in my mind. I think it was highlighted again today in terms of what is going on at International Harvester, which has the potential for some real problems. I would like to know from the minister about this justification committee we are supposed to have in dealing with plant closures.

**Mr. Chairman:** Mr. Mackenzie, I would like you to comment on this when we are on vote 2405, item 2, when we do speak of plant closure and review. Could you possibly address that particular subject of International Harvester under that item in that vote?

**Mr. Mackenzie:** Are you talking about employment standards?

**Mr. Chairman:** Only if you want to concentrate on the plant closure aspect of it, then we are talking about vote 2405, item 2.

**Mr. Mackenzie:** Somewhere, I am missing you.

**Mr. Chairman:** That would be page 86 in your briefing book: plant closure and review, which is a separate item under a separate vote.

**Mr. Mackenzie:** Are you talking about the annual report?

**Mr. Chairman:** No.

**Mr. Mackenzie:** Okay, I do not have it; I just have the explanatory material.

**Mr. Chairman:** Take a look at page 86.

**Mr. Mackenzie:** Okay. Now you have cleared what I am after; you are talking about an item under employment standards.

**Mr. Chairman:** If we could pass vote 2401, items 1 to 9, we could then proceed and focus on particular issues of concern that committee members may have?

Items 1 to 9, inclusive, agreed to.

Vote 2401 agreed to.

On vote 2402, industrial relations program; item 1, program administration:

**Mr. Chairman:** Would you like to deal with the first, second and third items separately or do you want to deal with the entire vote in terms of your discussion? We can start with program administration, item 1.

Item 1 agreed to.

On item 2, conciliation and mediation services:

**Mr. Mackenzie:** I would like some comments on the number of votes that have been requested by the companies under our new Bill 89 and the results. How is it operating and what is happening with it?

**Hon. Mr. Elgie:** I will check the figures. My recollection is there have been 20 votes. Vic, can you recall? Seventeen were defeated and in three cases—is that correct?

**Mr. Pathe:** Yes, in three cases out of 20 the employers' offer was accepted.

**Mr. Mackenzie:** Were votes granted in every case in which they were requested? Were there only 20 requests for votes?

**Mr. Pathe:** No, there were a fair number of cases where requests were withdrawn or the parties—

**Mr. Mackenzie:** How many requests did we actually get?

**Mr. Pathe:** Can I respond?

**Hon. Mr. Elgie:** Yes.

**Mr. Pathe:** The minister has received 41 requests for a supervised vote. Of this total, 20 requests have been withdrawn; 21 have been conducted. I think that is an update since the estimates began.

In the 21 votes which have been conducted, the employers' offer has been accepted in three.

**Mr. Mackenzie:** In the 20 that were withdrawn, was the initiative from the company? Did the minister play any role in this at all?

**Mr. Pathe:** I do not know at whose initiative action was taken. I think they were all done at the point where the matter had reached the registrar of the Ontario Labour Relations Board stage, where the arrangements for the vote were being made.

**Hon. Mr. Elgie:** Excuse me; he refers to the minister's role: the minister has the option, but that has never been exercised. These are employer requests.

**Mr. Mackenzie:** Under the legislation, does the minister have the option of saying, "Hey, I don't believe the vote is justified?"

**Hon. Mr. Elgie:** No.

**Mr. Gillies:** What is the minister's attitude in a case—

**Hon. Mr. Elgie:** He has none.

**Mr. Mackenzie:** You were saying 20 or 21 were withdrawn.

**Hon. Mr. Elgie:** There were some, I recall. Does that 21 include some on which we felt the legal opinion did not apply, that they came under other legislation?

**Mr. Pathe:** There was a case, and I have in mind Wilson Automotive, in which the employer requested a vote where there was not a dispute, inasmuch as the union had agreed to accept the employer's offer but the employer was seeking to have the offer confirmed by means of a vote. In that case, the minister just determined that he did not have the authority to direct a vote because in fact it was not a dispute.

**Hon. Mr. Elgie:** There was no issue in dispute.

**Mr. Pathe:** There was an agreement and the vote was not conducted.

**Mr. Mackenzie:** So 21 were withdrawn, is that it?

**Mr. Pathe:** Twenty.

**Mr. Mackenzie:** Twenty were dealt with? What were the results?

**Mr. Pathe:** Twenty-one were dealt with; 20 were withdrawn.

**Mr. Mackenzie:** Seventeen were instances in which contracts were rejected, is that what you say?

**Hon. Mr. Elgie:** There was an additional one since my last—

**Mr. Pathe:** Of the 21, the employer's offer was accepted in three instances.

**Hon. Mr. Elgie:** Rejected in 18; yes.

**Mr. Mackenzie:** Can you give us a list of those votes and the results; and indicate the companies and the unions involved?

**Mr. Pathe:** I do not have them here, but they could be—

**Mr. Mackenzie:** Could you provide them for the committee?

**Mr. Chairman:** Could you provide that to all our committee members?

**Hon. Mr. Elgie:** It is public information. Could you provide that to all members of the committee, please?

**Mr. Pathe:** Yes.

**Mr. Chairman:** Any further questions or comments?

**Mr. Mackenzie:** Yes, but I am just not sure which section it is under.

**Mr. Wrye:** Could I just ask a supplementary? I think you asked one question, Bob, which I was kind of interested in pursuing it. Of the 20 that were withdrawn, was there any pattern in the reasons that once the vote was asked for it was then withdrawn, presumably by the employer?

**Mr. Pathe:** I cannot answer that.

**Mr. Armstrong:** One of the reasons he could not answer that, I think, is because it would not be known. It would simply be a request by the employer to withdraw, and the likelihood is the letter of request would not indicate a reason.

**Mr. Pathe:** Yes. I know of cases where it was difficult to identify the employer's last offer, therefore it was difficult to know what to put to the employees.

I have heard of other cases where, when they reached the registrar of the labour relations board to make the arrangements, the parties got talking and decided they would go back to bargaining and in fact conclude—

**Mr. Wrye:** I was wondering whether that was the case.

**Mr. Pathe:** That has happened, but I do not know in how many instances.

**Mr. Chairman:** Supplementary, Mr. Gillies.

**Mr. Gillies:** When the minister brought in this bill, did you expect that ratio of carried and lost? Was that a surprise to you at all?

**Hon. Mr. Elgie:** I do not think we had any idea of the ratios.

**Mr. Wrye:** Just to pursue this a little further: as my friend from Brantford has mentioned, now that the bill has had time to work, could you share with the committee your views as to how



the process has gone and whether, given the ratio—the three accepted and 18 rejected—you think it is, for both sides or for either side, a positive kind of thing, in a general way? I am thinking specifically of the Transit Windsor situation, where the vote was taken and it was overwhelming. The company submitted its final offer to the employees and it was turned down, I think, 95 per cent—

**Hon. Mr. Elgie:** It was overwhelming.

**Mr. Wrye:** Do you have any thoughts?

**Hon. Mr. Elgie:** I do not know if Tim or Vic have any comments on it, but my impression has to be that I do not think we can just look at the statistics, I think there is a background effect this legislation has. There are two things: it makes certain, I think, that each member of the bargaining unit is kept informed of the progress of events; and that has a good influence on the process, because it means that offers will not be rejected out of hand without letting the membership know what is happening. I think those things are happening, so I think it has effects that we do not see if we just look at the so-called won-lost record. For that reason it has been good.

**Mr. Wrye:** Have the people who handle mediation and conciliation given you feedback that there has been a positive result on both sides? First of all, I guess, in making sure employers have put together firm offers and that they are not being rejected out of hand.

**Mr. Pathe:** I think we experienced, certainly in the early months after the bill became law, a greater willingness on the part of bargaining committees to take back offers, to avoid having a request under what was section 34. We witnessed that.

**3:50 p.m.**

In the other cases, the 21 cases where it was conducted, the majority of them are cases—I think Transit Windsor was one of them—where the employer really held a very strong view that were the offer put to the employees it would be accepted. Even where the offer is rejected it is not, in my opinion, necessarily a negative factor in terms of ultimately getting a settlement to the dispute. It clears the air. The employer has played that card, tested the membership and then has a decision to make. Very often that is quite helpful in getting meaningful bargaining going again.

**Mr. Wrye:** The employer may no longer be

under the illusion that if the offer were taken to the employees, somehow the employees would be prepared to accept it.

**Hon. Mr. Elgie:** That is the other side of the coin. For employers who doubt that doubt can be cleared up, as it was in Windsor Transit.

**Mr. Mackenzie:** Mr. Minister, if I heard you right, you made the statement that there were cases of the offers not being taken back to the membership. That is a fairly serious allegation as I see it. I would like a couple of concrete examples of what you base that on.

**Hon. Mr. Elgie:** I am just telling you that when we introduced the bill, that was the accusation that was frequently made.

**Mr. Mackenzie:** By companies?

**Hon. Mr. Elgie:** I cannot name names. I cannot recall them at the present time, but you know the common complaint management makes, that the workers never understand the true nature of the offer that has been put to the bargaining committee.

I really believe, Robert, that this has had a good effect on the whole process, both in clearing up employers' misperceptions of what the employees really want, and in making sure that employees are informed by their bargaining agent. I cannot point to specific examples where it was not referred, but I have talked to union people who, frankly, do not agree with that section and who say that it has meant more work for them in making sure the offer is transmitted.

**Mr. Mackenzie:** The thing that bothers me, Mr. Minister, is you are perpetuating a myth of irresponsibility in the labour movement when you make that kind of a statement. If you do not have examples that you can show, you should not mention it.

**Hon. Mr. Elgie:** I am not accusing anybody of it.

**Mr. Mackenzie:** As you know, as recently as the last Ontario Federation of Labour convention that was overwhelmingly rejected.

**Hon. Mr. Elgie:** I am not accusing anybody. I am just telling you of a perception some may think is reality; but whether it is or is not, I think this is having a good effect.

**Mr. Mackenzie:** You have no evidence of any offers not being taken back to the membership.

**Hon. Mr. Elgie:** That is the accusation that is made; however, I am not accusing them.

**Mr. Mackenzie:** But you have absolutely no evidence to back it up.

**Hon. Mr. Elgie:** I have not searched for any evidence and I do not intend to get into the scrutinizing of activities of bargaining committees in trade union locals. If you wanted me to I would reject it. I wouldn't do it.

**Mr. Mackenzie:** But you then make accusations, Mr. Minister. The significance here is that without any evidence whatsoever the section itself, as far as I am concerned, is an insult to a trade unionist. I was involved for a few years, and I cannot recall an offer not being sent back to our membership. Some of the preliminaries offers were general information in the plant.

I think the legislation itself was accepted only as the quid pro quo for the checkoff. If you do not have hard evidence that offers are not going back, given the evidence of the votes that have been held I really think it is an insult to the trade union movement and that you should be looking seriously at revoking the legislation.

**Hon. Mr. Elgie:** Mr. Chairman, I have expressed my feelings about that section.

**Mr. Mackenzie:** I have not finished. The point remains, Mr. Minister, that you started out by saying there were perceived situations where the offer was not taken back, but you cannot give us one example.

**Hon. Mr. Elgie:** I do not carry out those investigations, nor should I; and you do not think I should either. All I am saying, Robert, and I said it at the time the bill was introduced, is that this claim is made very frequently and I think this section has cleared that issue up. I think it has had a very salutary effect for those reasons.

**Mr. Mackenzie:** There are a number of claims that are made, as you well know, Mr. Minister, that have really no basis in fact in terms of perception and the attacks which are made constantly on the trade union movement.

**Mr. Chairman:** I guess your point has been made. I do not know whether the mandate of the minister is to intervene in the conciliation process, but I guess you have made your statement. Are there any further questions, Mr. Mackenzie, on this item?

**Mr. Mackenzie:** Yes, there are. I would like to know what really happened in terms of the vote that was ordered on the Wabco situation in Stoney Creek.

**Hon. Mr. Elgie:** Vic, would you comment on that, please?

**Mr. Pathe:** I was not personally involved, but as I recall, and from knowledge of what

happened, there was a mediation meeting in September during which the employer made a new offer. Following that, a request was made for a vote. At the time there was some mixup as to the last offer.

I recall the employer picked up or withdrew his first request and made another one, which was made subsequent to the final offer being made, and then the vote was directed. The other recollection I have of that vote is that we had some complaints from the company after the taking of the vote as to the conduct of the vote, but they were investigated and found to be without any real foundation.

**Mr. Mackenzie:** Is it not a fact that the workers were misinformed; that the request for the vote was approved by the minister before the union had the offer the vote was finally based on?

I certainly ran into a hornets' nest on that picket line, because the offer had been something like 10 cents, but the company then came back with another offer. However, before that they had asked for a vote and the minister had approved the vote. The question in their mind was what offer the vote was on? Was it the very much beefed-up offer or the original, which was something like 10 cents? There was some mixup in the timing on that.

**Mr. Pathe:** Let me tell you my recollection of it. There was a mediation meeting on the Tuesday or Wednesday in Hamilton. That meeting adjourned with an understanding there would be a further meeting on Friday and that meeting on Friday did in fact take place.

At about five o'clock, or very late in the day on the Thursday, the company had delivered to the minister a request for a vote. The way we handle those requests for a vote is simply to call the union to notify them we have the request and then the matter is referred to the registrar to ask him to make the arrangements. That was done either late on the Thursday on receipt of it or on the Friday morning, I do not know for sure which it was.

Then the dispute arose as to which was the last offer. The company's intention appeared to be that they would request the vote, that they would get the arrangements under way, and then they would make the offer on the Friday.

**Mr. Mackenzie:** Is the minister not then approving a vote before there is an offer—that is the offer the vote was finally on, the one the local got? I think there is a serious question here.

**Mr. Pathe:** We are still learning as we go in the administration of that section. The minister, as I understand it, simply refers it to the registrar to have the arrangements made. It is always possible that at the meeting disputes will arise between the parties as to what is or is not the last offer. They have to come back to the minister, presumably, to be resolved. I am not sure at which stage in the process, since it is all very informal, the minister actually directs that a vote be taken. It is impossible for him, in my opinion, to direct that a vote be taken until the last offer has been identified and until the arrangements for the vote have been made.

**Mr. Mackenzie:** But isn't the point the fact that the last offer was not clearly identified at that time? They may have known it was coming, but it was not identified when the vote was approved.

**Mr. Pathe:** It may have been. I do not recall anything beyond that.

4 p.m.

**Hon. Mr. Elgie:** I see Mr. Aynsley here. Do you know anything about that? Mr. Aynsley is with the labour relations board and is in charge of making arrangements on these matters. Do you have any information about that?

**Mr. Aynsley:** Perhaps I may be able to assist Mr. Mackenzie.

**Mr. Mackenzie:** What is still bothering me a little bit, Mr. Minister, is that it has been my understanding the vote can only be taken on the last offer tabled.

**Mr. Aynsley:** A meeting of the parties had been convened, at which the union indicated it had not received the offer which the employer tabled at the meeting and objected to the minister's authority to direct the vote. I adjourned the meeting and referred the matter back to the minister. A decision was made and a further meeting convened once the final offer had been identified and agreed to between the two parties.

**Mr. Mackenzie:** I think there is some clarification needed in terms of the workers, because there was quite an uproar on the picket line that morning because they did not have the final offer and yet a vote was ordered by the minister based on the previous offer, which was literally nothing.

**Mr. Armstrong:** I also have some recollection of that, Mr. Mackenzie. Both sides were represented, as Mr. Aynsley will recall, by solicitors. Both solicitors wrote to the minister, and the

issue is joined as to what the last offer was. The minister considered the representations by counsel for both sides and wrote a letter indicating his conclusion as a result of the representations made by both sides. It is all set out in that correspondence, which is part of the public record and is available to the parties. Subject to what counsel might say, I would see no difficulty whatever in tabling that correspondence.

**Mr. Mackenzie:** I think it should be tabled by all means, but the point, very clearly, is that here is a case where the minister—and I recognize he cannot be on top of everything—was ordering a vote where he clearly did not know what the final offer was, or where it was not set out clearly. That, to me, is an extremely dangerous situation.

**Mr. Armstrong:** That issue is addressed in the correspondence. That was certainly the allegation of the trade union, but the employer took a different view of it. The minister considered those representations, recited the respective arguments of both sides and made a determination in his letter. As I said, subject to counsel's concurrence, I think there would be no objection to tabling the correspondence.

**Mr. Mackenzie:** The employer obviously is going to take a different view on it. He knows damned well he is not going to get the offer through either way, but he is sure not going to get it through at 10 cents.

**Mr. Armstrong:** What I am saying is that it was not as simple a matter of chronology as has been suggested here. It was a rather complex factual matter, and it was rather complex in the light of the precise wording of the section; but the minister dealt with it, I think, with precision. I think if you saw that correspondence you would be convinced of that fact; I do think it would be helpful to have that tabled.

**Mr. Wrye:** Surely what Mr. Mackenzie is getting at is that there should be some clear procedure by which when the request comes to you it comes to you with a final offer, which may even have been initialled by the union as being agreed to as an offer they have seen. The request should not come to you at the same time the union is handed a new offer which its officers have not had a chance to take to the workers. This is very unfair and can cause the union leadership some real hardship with their workers, who may be left wondering whether they have been told the truth, when actually it is a case of the company playing a little game with the final offer. It seems to me you need to have a



procedure in place that is going to ensure the union officers have seen a final offer for some period of time and have had a chance to take it to the members.

**Hon. Mr. Elgie:** If counsel sees no reason not to, we will be glad to table that correspondence.

**Mr. Armstrong:** Just to pursue the point you make, which I think is an extremely valid one: if my recollection is correct, as a result of this case, which I think it is fair to say is not typical, the internal procedure and the procedure under which Mr. Aynsley now operates, the instructions that he obtains from Mr. Pathe's office, have been clarified to prevent any uncertainty as to what triggers the request from the minister to the registrar. I think the case was useful; but I think, as well, you should be interested in being satisfied we dealt with this particular case properly in light of the legal arguments that were advanced.

**Mr. Chairman:** Would you allow Mr. Dean a supplementary on this?

**Mr. Dean:** It is a slightly different aspect of the same dispute.

**Mr. Wrye:** I just wanted to ask him to elaborate on the procedures. Would you elaborate on what the procedure is?

**Mr. Armstrong:** It is my recollection, and Mr. Pathe can correct me, that until the ministry has the final offer in its hands the direction is not given to the registrar to proceed.

**Mr. Pathe:** The registrar may well have the meeting to make the arrangements, but the direction that there be a vote is not given until it is clear there is a final offer and the parties agree that it is the final offer.

**Mr. Wrye:** And that the union has had an opportunity to take it to its workers if it chooses to do so? That it has had an opportunity to look at it and is not just handed a final offer with the admonition, "You will not take it to the workers so we are invoking this section." Surely that is unfair to the bargaining committee, not to give it a chance to review an offer for some reasonable period of time and decide whether it is significantly different than any other offer it has seen.

**Mr. Pathe:** I am not aware of a situation where the employer has sort of handed the union the offer on the way into the meeting with the registrar and said, "There is the final offer, we want to put it to a vote." Mr. Aynsley may comment further on that.

My impression is that in all cases where there is a clearly identifiable final offer it has been in the union's possession for some time.

**Mr. Dean:** In view of the very long-standing status of this strike, which is certainly hurting a lot of people for whatever reason, and because of the apparent negative result from the process we have just been talking about, is the ministry still mediating there, is there something further that can be done that has not been tried so far; where does that stand?

**Mr. Pathe:** There was further mediation on November 20, and at that time progress was made for the first time since the vote on September 30. There was some progress made but the talks broke down over the second year of the agreement. They could not come to agreement on the terms of the second year.

Late last week I had discussions with the president of the union in Canada and with officials of the company, and as a result of those discussions one of our senior mediators, Jack Harper, has a meeting scheduled for this Wednesday in Toronto at our offices, and if necessary I am going to join him.

**Mr. Dean:** I certainly applaud any efforts that can be made to get the parties together.

**Mr. Pathe:** We will do all we can. There is some mild reason to be optimistic at this point. It is a very difficult dispute. The dispute in the United States between the same company and the same union is continuing over essentially the same issues. That is going on as well, and that has been a complicating factor.

**Hon. Mr. Elgie:** I have a note here that the meeting is scheduled for tomorrow.

**Mr. Mackenzie:** Could I get clarification in terms of whether the minister is ordering a vote or not in these situations? You say the minister has to be satisfied it is the final offer. Is there a process of verification on both sides that it is the final offer? In other words, the offer the minister has and that the company wants put to a vote, is there agreement with the union that that is the last offer they have had on the table?

4:10 p.m.

**Mr. Pathe:** Perhaps Don Aynsley could best answer that.

**Mr. Mackenzie:** How do you do it? Is it just a verbal—

**Mr. Aynsley:** No. I hand the union and its bargaining representatives a copy of what the employer has forwarded to the ministry and ask them to certify that is the final offer they have

received; they are given ample time to study the documented material and correspondence or whatever they ask to see.

**Mr. Chairman:** If I could just ask Mr. Aynsley to perhaps speak a little louder. We have problems recording your comments.

**Mr. Aynsley:** Right.

**Mr. Chairman:** Mr. Mackenzie, are you pursuing the question?

**Mr. Mackenzie:** Just in terms of the results of it and the procedures to date, I still would make an appeal to the minister to consider dropping the process. What you gain in the minor improvements of the bargaining situation you may lose in terms of the feelings of the workers who are involved.

**Mr. Chairman:** Thank you, Mr. Mackenzie. Any further questions or comments? We are on vote 2402. Would you like to continue, or shall we ask some other members to carry on?

**Mr. Mackenzie:** I have a couple of further questions.

**Mr. Chairman:** Fine.

We are on the second item, conciliation and mediation services, page 40 of your briefing notes. Besides Mr. Mackenzie, is there anyone else? Mr. Wrye?

**Mr. Wrye:** On item 2, regarding the conciliation process: I am looking at the explanatory material, Mr. Minister, on the conciliation process, whether or not to go to a board of conciliation, particularly pertaining to first contracts.

I notice you say the use of boards of conciliation has been relatively minor during the past few years. Given the very real problems we have had in terms of first contract bargaining, while it certainly does not go as far as I would like to go is this not a tool that might be used to try to get this problem resolved, because first contract bargaining remains a real difficulty for workers?

**Hon. Mr. Elgie:** We have not had any conciliation boards since I have been minister. The policy to use it very sparingly was adopted before I arrived. Do you have any comments on the reasons for that decision and its potential usefulness in first contract situations?

**Mr. Pathe:** The board was set up, as a sort of administrative matter back in the 1960s, to make mediation available to the parties in the period immediately preceding potential strike or lockout. By and large that has worked very well. The difficulty with the board is that it very often is used by one side or the other as part of the timing strategy of the dispute.

The side that wants the strike or lockout delayed wants a board; it has nothing to do with whether or not the dispute can be resolved by a board, it has to do with the timing which suits that particular side. We were using boards in the late 1970s. About 1978 or 1979 we had one or two boards on first agreements, and then we found the party that wanted a board was the party that wanted the delay, and the party that did not want the board was the party that wanted to bring it to a head and either resolve it or have the strike or lockout immediately.

We are of the view that in first agreement disputes, if it can be resolved without a strike or lockout it can be resolved with the assistance of one of our senior mediators; and of course the very vast majority of them are.

**Mr. Wrye:** Perhaps, Mr. Minister, I can pursue it, because although the problems we have had with first contract agreements in Ontario are in a sense no more than in many other provinces, it appears that we have a very peculiar or particular problem in that area. I know my friend from London North may want to talk a little bit about the Fleck situation, but I can remember a number we have had over the years in Windsor, particularly an attempt, a few years back, by the employees of K mart to negotiate successfully a first contract over a long period of time, an effort that was beaten back by the ability of that company to offer massive bargains in its stores to attract people, and just a failure to negotiate in good faith.

It just seems to me the whole conciliation-mediation process is failing far too often in the case of first contract bargaining, that we are just simply failing, and, unfortunately, it is very often simply a matter of a company failing to negotiate in good faith, simply not negotiating or making ridiculous offers that no right thinking individual would accept. It seems to me we have to move to some new practice. I would just like to get your comments as to whether you believe the conciliation-mediation process is failing in these cases; and if it is what you are prepared to do in terms of possible changes.

**Hon. Mr. Elgie:** I gave figures in my opening statement on the number of first contracts that are settled relatively without difficulty, and we will get that for you.

It was our view that the labour board has shown, I think very adequately in the cases of Radio Shack and Fotomat, that in the face of unfair bargaining practices it is able to fashion a remedy. In the case of Radio Shack, even before Bill 89 with the union security section, the board

nevertheless fashioned a remedy. Let us not forget that in BC, for example, although it is not an absolute prerequisite there is an unwritten requirement that there be unfair labour practices before a first contract is ordered.

The fact of life, if one reviews the BC statistics for instance—and again, I would have to dig them up here—in the past three years something like 14 or 15 agreements have been imposed and only something like two of those have been renewed. In the other 12, over 90 per cent, there has not been a second agreement; so it did not work.

What we are saying is that we think the key to the problem was the matter we dealt with in the issue of checkoffs and the board being able to fashion a remedy in the face of unfair labour practices. We think we have in the province as good a system as any other province, no matter what their statutes may say. For instance, and I read from page 18 of my statement, during the year prior to the amendments, there were 46 first agreement strikes which caused 124,720 man-days lost. These were primarily on the checkoff issue. Although the number of first agreement strikes was only two less in the year following the amendments, they involved only 12,000 man-days lost, a dramatic reduction of some 90 per cent.

Perhaps it is too early to say that is going to be the pattern, but certainly I think that is a pretty dramatic change and confirms our thought that we have fashioned remedies in the province now which address the situation adequately.

**Mr. Chairman:** Mr. Gillies, did you have a supplementary to this?

**Mr. Gillies:** Yes. Following on my friend's questioning, how many of the provinces have some mechanism now for imposition of a first contract? Is BC the only one?

**Hon. Mr. Elgie:** No; Quebec, and the federal government has first contract arbitration but does not have union dues checkoff, which is a strange dichotomy. Who else?

**Mr. Armstrong:** Quebec, Manitoba, British Columbia and the federal government.

**Mr. Wrye:** What is the record of Quebec and Manitoba in terms of the second contract? I recognize the problem there has been in British Columbia; what has been the record in the other provinces?

**Hon. Mr. Elgie:** At the federal government level there have been three requests; in Quebec, with over 135 requests, in 40 cases the parties settled on their own. A first agreement was

imposed in 33 cases and rejected in four. We do not have a follow up on second agreements, as they do in BC.

4:20 p.m.

**Mr. Wrye:** It would be nice to see a followup process in more than one province.

**Mr. Chairman:** Any further questions? Mr. Van Horne.

**Mr. Van Horne:** Just a followup to the observation by Mr. Wrye a few moments ago that I might want to say a few words about the Fleck situation. At the end of a crisis like that, what procedures does your ministry have?

Maybe I should not say at the end, because obviously that is too late. During that kind of crisis and at the end of it, how do you and your colleagues assess what went on? Do you have any mechanism for taking that whole situation from beginning to end, day-by-day, and reviewing the events to determine what went right, what went wrong? There are lots of complaints, for example, which were not directly related to you but rather to the Solicitor General (Mr. McMurtry) regarding the involvement of the OPP, et cetera. Do you, in that kind of situation, or in the Irwin Toy situation, take a chronology from beginning to whenever the end is and then sit back and try to assess it and see how your various staff might have better accommodated the situation?

**Hon. Mr. Elgie:** I would have to ask Vic to comment on that, and Bob Joyce, who was involved in both of those disputes—Fleck and Irwin Toy—and, of course, has a living memory, I am sure, of the events of those particular disputes. Vic, would you care to comment on that?

**Mr. Pathe:** In terms of followup on what the conciliation-mediation had to do with the relationship, very often you have a pretty sour relationship when a long dispute like that comes to an end. There is a followup and a preventative mediation program is available under which a mediator would go in—and we have done this in a number of first agreement situations—and assist the parties in coming to grips with the fundamentals of contract administration, grievance handling and that kind of thing in the hope they will develop a sound and mature relationship to make the next round of negotiations easier. That is available, and has been since 1977.

It was not done at Fleck, but the parties themselves made great progress. As you may have heard the parties themselves, without any



third party assistance, renewed that first agreement early and made a new three-year agreement. So they, themselves, took steps to build some bridges and mend some fences; and they did it, apparently, quite successfully.

However, we do have a large staff of mediators who are trained to go in and assist in analysis of relationship problems, attitudinal problems, grievance administration problems, and to provide assistance. It is done in a fair number of cases. A very recent one was the dispute at Maple Lodge Farm in Brampton which involved a long first agreement strike, and there has been a lot of preventative assistance given in that situation in the last few months.

**Mr. Chairman:** Are there any further questions?

**Mr. Mackenzie:** I was wondering if we could get a bit of an update on the Otaco situation.

**Hon. Mr. Elgie:** I would not know that. Bob Joyce, who is with the plant closure division, is here. Do you want to deal with it under this vote, does it come under this vote? I do not care.

**Mr. Chairman:** We have vote 2405 which deals with plant closures and review—

**Hon. Mr. Elgie:** Whatever you want, Robert. I am not—

**Mr. Chairman:** I personally would prefer if we could discuss the particular concerns that you have under the appropriate item and vote. It would make it much easier than if we start jumping around from one vote to the other.

**Mr. Mackenzie:** I am looking at what went on in terms of the conciliation services.

**Hon. Mr. Elgie:** I will ask Mr. Pathe to comment on that then.

**Mr. Pathe:** We had Paul Gardiner, one of our senior mediators, on the case. He was unable to assist them to a settlement before the strike. He remained in contact and had further meetings. There were further meetings between the parties in September and he remained in contact until approximately three weeks ago.

At that time, I had a meeting with David Patterson, a director of district six, and members of his staff about the situation; and then with David Chandler, who is the chairman of the company, and a man named Major, who is the president. Ray Illing and the mediator and I met with the three of them in our offices. Our objective, of course, was to get the negotiations under way and try to find a solution. We found that at that time the company was in the midst of

making an analysis as to the future viability of the operation. They were telling us their market had dropped so dramatically their suspicions were that even if they were to reopen they would only be operating at 20 to 25 per cent of capacity. They were looking at possibilities of operating at that level, and also at possibilities of expanding and getting more business.

They undertook to get back to us. In the meantime, I advised Bob Joyce, who was in touch with them and had a number of meetings with them, of the situation. As you know, they completed those discussions and that analysis and then announced that they would. The company also has a plant in Orillia, which is in conciliation at present, and we are giving full attention to that one in the hope the same fate does not befall that plant. It is a plant, by the way, that makes castings for the automotive industry, and it is another one affected by the downturn in that industry.

**Mr. Mackenzie:** Does the minister take a look at the obvious impact of the announcement that was made at Galtaco on the current contract negotiations at Otaco, and the potential, once again, as far as I am concerned of undermining of any hopes the workers have there? Do you have the latest company offer in terms of the Otaco plant? Is it accurate they are demanding the same situation there, which is a 20 per cent across-the-board cut in wages and benefits? They are not in a strike situation, but they were also demanding this at Galtaco, I understand, that they be allowed to call back workers without regard to seniority in terms of who they wanted back if the thing was settled.

**Mr. Pathe:** I am not aware of that. If that is true, that is a fairly recent development, because my last discussion with the steelworkers and with the Otaco people was that they had not got to discussing money but that good progress was being made in resolving the noneconomic items. I had heard nothing about a proposal for a 20 per cent cut.

**Mr. Mackenzie:** That was the last company position, the cut.

**Mr. Pathe:** That was the position at Galtaco, but not at the time the strike began. The position immediately prior to the strike was for a status quo with the cost of living allowance running. Their position in September, which was less attractive to the union, was that there be a 20 per cent cut in base rates, but not for all time, as I understood what the company was saying. As their market share and their plant

capacity again increased and their productivity increased towards full capacity, they would have reinstated the base rate. In other words, if they got back to 80 per cent of productivity, they would have reinstated 80 per cent of that 20 per cent.

**Mr. Mackenzie:** Can you let me know? I suppose that is not the key point. My information was that it was a 20 per cent cut, both in wages and benefits. My information also was that Mr. Chandler made it clear that it might be more than 20 per cent.

My third point, which caused a hell of a lot of aggravation, was that they also wanted the right to call back those employees they could best use or could work hardest or what have you and totally ignore seniority.

**Mr. Pathe:** That is true at Galtaco. They did not put it quite like that, but they explained to us that since they were operating at a very low portion of the plant's total capacity, in recalling they had to be able to recall the people best suited to do the limited amount of work available.

Our objective three weeks ago was not to get into the details but to get them back into discussions to find out just what, if anything, could be worked out. So we did not go into great detail on the issues. We had the company there on one occasion and the union on another, and we had, as I say, the top people, not the bargaining committees.

Our objective was to find a way to get them back to the table to see if the situation could be settled. It was then that we found the company was in the midst of this analysis of the future viability of the plant.

4:30 p.m.

**Mr. Mackenzie:** Does the minister or do the staff not see a cause and effect? Is there not a real concern here in terms of taking that kind of hard-line position of whether or not it is to the benefit of the company to close down that plant? It is an older foundry, so it may end up that way. But whether or not that is the case—that kind of tactic, that Galtaco has a newer, maybe slightly larger plant than Otaco—what does that leave you with in terms of bargaining tools?

It seems to me there is a little obligation to understand what kind of pressures are put on workers from the Ministry of Labour. You have got a straight no-win situation for them with that kind of a take-it-or-leave-it situation presented, namely, "We are closing." That was the last

company offer; and you are trying to negotiate a contract in another plant owned by the same joker.

**Mr. Pathe:** We are certainly aware of the pressures. You cannot be involved in trying to resolve the dispute without being aware of the pressures. If the company is saying the plant is only viable under certain circumstances, I do not know what the answer is.

**Mr. Mackenzie:** Any way you can scare the hell out of the workers is a legitimate bargaining tool.

I am wondering if we can have an update on what, if anything, you are doing over the dispute at Canada Packers, the now famous "pee break?"

**Mr. Pathe:** I have had some discussions with them.

**Hon. Mr. Elgie:** We are providing pulley catheters for them.

**Mr. Pathe:** Harry Sparling, who is in charge of preventive mediation, is here. Harry, my information is that there are meetings arranged. You are meeting with the company and the union?

**Mr. Sparling:** I met with the company already.

**Mr. Pathe:** When are you meeting the union?

**Mr. Sparling:** On Friday.

**Mr. Pathe:** I am saying to them the dispute over the breaks is probably a symptom of a much more serious relationship problem. We are prepared to offer assistance in analysing and trying to come to grips with that. I think there is now some willingness on the part of both sides to engage in that kind of an exercise. Harry and his people will be prepared to provide it.

**Mr. Mackenzie:** Does your investigation to date indicate the charges as laid are facts, namely, that there have been workers in extremely cold operations wearing longjohns, coats of their own and the company's outfits, restricted to one break in the course of their shift and even been denied that when they had doctors' letters; and that this has led to demonstrations, penalties against the workers, and resulting grievances?

**Mr. Pathe:** I have not gone into it in that kind of detail, but I am aware there has been discipline. I am also aware that it is a work area kept at a low temperature because of the product being handled. I am not really right up to date on all of the other details.

I am concerned about it. I can see it becoming not only a difficult issue to resolve now, but something that spills over next year into the major packing house negotiations.

**Mr. Mackenzie:** Right. Mr. Minister, I know we stress our preventive mediation services, but where such a really untenable position is being taken by the company—and it is obviously going to lead to serious labour difficulties in the next contract—what kind of clout do we actually have with management in a situation like that?

**Hon. Mr. Elgie:** Do you have any comments on that?

**Mr. Armstrong:** That is what we call a leading question.

The clout we have is the ability of talented people like Harry Sparling to go in and indicate to people what is in their best interest. The difficulty with your question is, and I do not quarrel with the premise because I do not know the facts, that you assume the fault to lie all on one side. Presumably, what Mr. Sparling is going to try to determine is what is the underlying cause of the dispute which, on the face of it, ought to be resolved. It is a troublesome one, and it is going to have a destabilizing effect on a very important relationship.

I think the bottom line to answering your question is that the clout is the credibility, the integrity and the ability of the preventive mediator.

**Mr. Chairman:** I would just like to point out, with all due respect to the concerns of Mr. Mackenzie and perhaps other members, that leading questions are a delicate matter. I am sure the responsibility of the ministry is to be fair to all parties concerned and not, I think, to expect some form of a biased answer.

**Mr. Mackenzie:** I am not sure that the question is really that leading, Mr. Minister. I know the minister had put Mr. Sparling in charge of it. I got his letter a day late, at the start of these hearings on a number of them. Let me read, if I may, the company's response. This is one of four specific letters I have had. I also talked to the union about it and to some of the people on site. This is to one particular employee with a copy to the department steward.

"This letter will confirm the company's position with respect to your personal necessity abuse. On October 23, 1981, your supervisor and foreman held a meeting under the subject of abuse of personal necessity time in which your co-operation in this regard was requested. On Monday, November 2, you received a verbal remand with regard to your personal necessity abuse. You had been abusing your personal privileges with respect to frequency away from

your work station." It involved, as I understand it on two of the occasions, the necessity of three times during the day visiting the john in the particular plant.

"Since we have not obtained the required improvement in response to these actions taken by the company, we have no alternative but to issue this written remand in an effort to gain correction to the company's satisfaction. With this letter you are advised that unless there is immediate and continuing improvement, satisfactory to the company, you will be subject to further disciplinary action, including suspension."

Then, a week later, to the same employee: "On October 23 your supervisor and foreman held a meeting on the subject of abuse of personal necessity time in which your co-operation in this regard was requested. On Monday, November 2, you received a verbal remand. Your personal necessity abuse continued at a level that was not satisfactory to the company and, as a result, you received a written remand on Friday, November 20. In spite of these actions taken by the company, you have not corrected this to the company's satisfaction and have continued to abuse your personal privileges with respect to frequency away from your station.

"This letter will confirm your disciplinary suspension from the commencement of your regular shift, Tuesday, December 1, 1981, until the commencement of your regular shift on Wednesday, December 2. You are further advised that unless there is an immediate and continuing improvement satisfactory to the company, you will be subjected to further disciplinary action, including dismissal from work."

I understand that chap had brought in a letter from his doctor as well. This, together with the letters to a couple of the female employees, one of whom had a letter from her doctor after having been suspended, is, as far as I am concerned, substantive evidence that we have a serious situation here. I am just wondering whether the proper procedure is to go through all the grievance steps, or just to let this build up to the point that we will have a very serious situation in the next set of negotiations. I know you are concerned about this matter. Do we have some kind of clout so that we can step in where there is an obvious problem?

**Hon. Mr. Elgie:** Let's be frank with each other. We are in the midst now of Harry Sparling and his assistants in a situation where



he feels it is necessary to try to delve into these very issues. I don't think it helps the process for you to ask me to judge whether or not particular factual situations are ones where I should legitimately take a position.

That is what Mr. Sparling is involved in. He is trying to get to the root of the problems that may be there and that may have led to this situation. I do not see anything to be gained in that particular situation by trying to assess responsibility and right and wrong. What he is involved in now is trying to find out what the problems are and seeing if they can be resolved.

**Mr. Chairman:** I understand the serious concerns that some members of this committee may have in the present situation at that particular plant. But if a resolution is sought in the collective agreement by way of some conciliation or mediation process in which the ministry will be involved, I think it is unfair to expect the minister or the staff to comment in a way that may be interpreted as passing judgement and may create a conflict in the conciliatory process.

Mr. Mackenzie, I do understand and I think the members of the committee share your concerns, but it would be more appropriate not to expect the ministry in a line of questioning to have to pass judgement that may be detrimental to the process.

**Mr. Mackenzie:** I do not know, other than under mediation and conciliation, a better place to raise it.

4:40 p.m.

**Mr. Chairman:** I understand, and we all respect your concern, which is obviously the workers' concern as well. Your opinions are very strong and determined in this area, but the position of the ministry is to see both sides of the dispute. In all fairness, I would rule anything out of order that would demand the minister to pass any comments that would, as I say, in some way disrupt the position of the ministry as mediator.

**Mr. Mackenzie:** Mr. Chairman, I have some serious questions. I am not prepared to carry this any further at this point, but I would hope that the chair is not saying that we cannot ask a controversial question or a question that does challenge the minister to say what his ministry is doing on a subject.

**Mr. Chairman:** You understand that is not the intent of the comments I made.

**Hon. Mr. Elgie:** There may be grievances on this. I cannot take positions on issues that may be part of a grievance procedure. As a ministry,

we have an effort to try to resolve the issue by preventive mediation, and I really am not prepared to get into contests about right or wrong. Those are issues that are being assessed now in the context of preventive mediation.

**Mr. Mackenzie:** Can I ask where we stand in terms of—I forget the bill number—the legislation where we try to resolve grievances at an early stage?

**Hon. Mr. Elgie:** Bill 25.

**Mr. Pathe:** We have Miss Read, who is the director of the office of arbitration.

**Mr. Mackenzie:** That is the third vote. I have one more question where we are right now, but you can cover it in the third vote if you want. It does not really matter to me because there is not a lot to do on that. I wanted to know how that is working out and how we are resolving some of the disputes. I would like to go back again then to the first contract problem for just a moment.

**Hon. Mr. Elgie:** Miss Read is in charge of the office of arbitration.

**Mr. Chairman:** If this deals with the office of arbitration, perhaps we could carry the second item and then proceed to the third.

**Mr. Mackenzie:** That is what I was trying to clear. If you want to do that, I have a question before we leave this one.

**Mr. Chairman:** Are there any more questions on item 2, conciliation and mediation services?

**Mr. Mackenzie:** Yes, that is the point. I had one more question. Can the minister share with us any initiatives other than what we have discussed? He has obviously rejected, at least at this point, the whole idea of first contracts. I think he is wrong and I wish he would take another look at the potential in that, even if it is as a deterrent.

Has the minister or his staff any other avenues to deal with what is certainly a serious problem? I hope they recognize that it is a serious problem because the most devastating strikes we have had have been the Fleck, the Radio Shack, the Blue Cross, and now the Irwin Toy situation. It seems to me there is a missing step somewhere in our procedures.

I cannot understand it because, unless I am getting a wrong reading, we have had an improvement in relations at Radio Shack and in some of the places where we have had long, bitter disputes. But a lot of workers are getting hurt in the meantime, and it leaves a bad taste that goes right through the trade union movement. The Irwin Toy is a classic as far as I am concerned.

Do we have some other ideas in mind? Has the minister anything he can share with this committee in a situation like the one at Irwin Toy?

**Hon. Mr. Elgie:** I do not think I have anything to add to what I have already said, except to say that the tool we have used on occasion is a disputes advisory committee. My recollection is that in over 50 per cent of cases they have been successful in achieving a settlement of issues.

They have not been in Irwin Toy, I acknowledge, to the disputes advisory committee's frustration. I can just repeat that we think, with Bill 89 and with the ability of the board to fashion remedies in the face of unfair labour practices, we have gone as far as one should consider, certainly at this time, because it seems to be working. That does not mean that the world is suddenly going to become perfect because there still will be disputes over a number of issues.

**Mr. Mackenzie:** Surely it is not working in terms of an Irwin Toy, Mr. Minister. Can you tell me when the disputes advisory committee came up with their recommendations, which sure as blazes were minimal, though it was also a very difficult situation? Was there any understanding or feeling that Irwin Toy would have accepted the recommendations they had made, as the union was prepared to do? I really wonder why when I look at how minimal they were. Was there any feeling at all, or were they just flying those recommendations without any understanding at all from the company?

**Hon. Mr. Elgie:** Perhaps Mr. Pathe and Mr. Joyce would comment on that.

**Mr. Pathe:** I am not sure of the precise date of the recommendation, but I think it was about mid-November when it was made by the members of the disputes advisory committee to both sides. You would have to ask them for more detail than that, particularly with regard to their views as to the likelihood of it being accepted.

**Mr. Mackenzie:** Is it unfair to ask Mr. Joyce? I am not trying to make it difficult for anybody involved.

**Hon. Mr. Elgie:** As I understand it, Mr. Joyce is still remaining in touch with the parties. I do not know that I want to prejudice future possibilities, if you do not mind. If you want to talk to him personally, you may do so, but I would just as soon not get into public discussions of a process that he still feels may have some possibilities and about which he is still keeping in contact with the parties.

**Mr. Mackenzie:** My concern is, and I am going now by published reports in the paper, that we have the owner of the company admitting to substantial profits and making it very clear that the real dispute is the union, which he does not intend to have in there. I think that was obvious from day one of the dispute. That is really my concern. Do we wait once again for the legal procedures before the board to establish unfair bargaining practices?

**Hon. Mr. Elgie:** Those matters are scheduled before the board, I think on December 21, 22 and 23, if I recall. I really do not want to get into that one. It is a matter before the board.

**Mr. Mackenzie:** If the minister is not prepared to go the first contract route, does he have any feelings or any thoughts about trying to define a little more specifically unfair or bad faith bargaining? I am not offering a suggestion; I am looking for ways and means to deal with what is causing one hell of a lot of trouble.

**Hon. Mr. Elgie:** Those are matters that should be left to jurisprudence to develop. That has been the common law practice. I think the board has shown a degree of flexibility and ingenuity in those areas and I think that should be left to jurisprudence. I do not think you can get into codifying those things.

**Mr. Wrye:** Very quickly, and I apologize if we have gone over this, but given the fact that you managed to track to some extent the proceedings following first contract settlements in British Columbia, will you undertake to do the same with Quebec and Manitoba to see if there are some changes those provinces have been able to make, which in the long run are producing better results? I very much believe in first contract settlements, but I do acknowledge the problems in British Columbia. Perhaps other provinces are having more success, and that might move us in the direction we all want to go, namely, to solve some of these very bad and very difficult labour disputes.

**Hon. Mr. Elgie:** Sure.

**Mr. Mackenzie:** Mr. Chairman, there is one other point. I am not sure what vote you want to take it up under, but I wanted to ask for a comment on how much use there has been made of the unfair representation sections of the Ontario Labour Relations Act. What would that come under?

**Mr. Chairman:** The Labour Relations Act is

under the following item. If there are no further questions or comments on item 2, shall item 2 carry?

Item 2 agreed to.

On item 3, office of arbitration:

**Mr. Wrye:** I would like to talk briefly particularly about the Hospital Labour Disputes Arbitration Act and the whole area of arbitration as it pertains to hospitals. Correct me if I am wrong, but almost every year we appear to be running into, first of all, a significant number of arbitrations or an arbitration across the system. It seems to me that we are not reaching a settlement even through arbitration until months and, on occasion, years after the expiry of the previous collective agreement.

4:50 p.m.

I do not think I need to tell you it is causing a great deal of concern, bad will and bad feeling among the employees of the hospitals across this province. It appears to be a system that may be working well—I am not commenting on that at this point—but it is not working speedily enough.

The anger over the most recent hospital settlement was simply a case of where is it? They said, "We have been without a contract for a long period of time and it is about time we saw some kind of settlement." Even when the settlement is reasonable—I am not suggesting it was or was not in this case—by the time it comes down, the employees are furious over the fact it has been so long delayed.

Could I get your comments on what might be done to speed up the process and why it is working ever so slowly?

**Hon. Mr. Elgie:** I think you have made some good points. I have to tell you at present we are looking at issues such as methods of speeding up the process. But we also have to be fair about the problems in speeding up the process. Again, I do not want to be critical of anybody, and I mean that.

If we look, for instance, at the paramedics' arbitration, here we had a situation where the paramedic unit appointed a sidesperson. Management went to choose a sidesperson, but that person they wanted was on holidays. When he came back from holidays, the paramedic sidesperson was off on holidays. So it was the end of the summer before they could agree on a chairman. The first chairman had a meeting and reviewed the issues and then withdrew. They then agreed on another chairman, who reviewed the issues and withdrew. Then they finally agreed on a chairman.

In the nursing arbitration, the issue was really one of 100 issues which had not been resolved in collective bargaining. That is a large number of issues to put to an arbitrator. The brief on behalf of the nursing association was something in the neighbourhood of 1,000 pages. Mr. Pathe can correct me if I am wrong.

**Mr. Pathe:** My information is that each side submitted a 1,000-page brief.

**Hon. Mr. Elgie:** Even having said all that, we are certainly prepared to look at and are looking at ways to hasten the process, but it has to be done in the context of people having an understanding that they have to bargain and not present an arbitrator with 100 issues. That is almost an impossible task to try and resolve that quickly.

You will not get any argument from me that we need to develop methods of hastening the process, perhaps even setting some time limits.

**Mr. Wrye:** The nurses' dispute was the most recent one I was thinking of, but this has gone on in most disputes, particularly those involving members of the Ontario Nurses' Association, ever since I can remember, either across the province or on an individual hospital basis. In the Hotel Dieu Hospital in Windsor two or three years ago, the contract was finally resolved through arbitration almost two years to the day after it expired. The arbitrator brought down a three-year contract simply because it made no sense to come down with a two-year contract. I suspect the workers lost a little bit as a result of it. It seemed to me to be very unfair. This was a case where I thought the hospital bargained in very poor faith.

**Hon. Mr. Elgie:** There is no doubt those things have to be looked at.

**Mr. Wrye:** It seems to me that in this case perhaps we should be looking at time limits, particularly, as you say, as we bargain months beyond the expiry of the contract and yet still have 100 issues outstanding. That seems to be an extremely large number of outstanding issues.

I would also raise a second matter, and that is whether the whole system ought to be looked at. I do not want to pin the blame on either side, but 100 outstanding issues is a huge amount to have outstanding after that period of intensive bargaining. Perhaps you could comment on whether the present procedure is working or not. It is not encouraging the two sides to reach agreement.

**Hon. Mr. Elgie:** Mr. Pathe, would you comment on that?



**Mr. Pathe:** I believe the nurses' situation was to some extent unique in that a lot of the issues were related to standardization of the agreement. As you know, each hospital has a collective agreement and a lot of the issues in dispute arose in trying to standardize it. I understand the outcome of the arbitration is that in many cases they have been rewritten to bring about standard language. So it was unique to that extent.

There are still a fair number of cases, at least from the point of view of the mediators involved, where there could be more done to reduce the size of the dispute before going to arbitration. We are doing all we can and we are succeeding in some cases. However, in some cases, we still have far too many issues going to arbitration. It is very difficult, in my opinion, to be critical of an arbitrator who is faced with the task of hearing the evidence, analysing it all and writing an award in a very short period of time; it cannot be done.

We are doing what we can to facilitate the process of negotiation. We have recently instituted a process whereby the office of arbitration, even after the board is set up and arbitration proceedings are under way, but before it goes to the hearing—is going to notify mediation. Then another contact will be made with the parties in the hope that they will, at that stage, go back into another attempt to try to negotiate a settlement and thereby avoid the arbitration. We will have to wait and see what kind of results that produces.

**Mr. Wrye:** I have one more point on a related area. It is my understanding, Mr. Minister, that public health nurses do not yet have the right to go to binding arbitration under present laws. Perhaps you can explain why this, which I sense is an anomaly, is allowed to continue.

**Hon. Mr. Elgie:** Let us first of all understand that the trade union movement in general does not agree with the Hospital Labour Disputes Arbitration Act. You know that. When you say that it is an anomaly, what you are really saying is that the situation that exists with public health nurses is what the trade union movement in general feels it should be in all of those sectors.

The government's view has been that the majority of those disagreements have been settled satisfactorily through the normal collective bargaining process. Admittedly, while there have been some, generally there have been no serious and long-standing disruptions of service to the public. As long as that is so, then we

should leave it where it is, in the private sector and subject to the ordinary procedures of collective bargaining.

**Mr. Dean:** Mr. Chairman, I have a question of a more general nature. It relates to the qualifications of arbitrators. Sometimes in the past, especially with respect to municipal labour matters, some of us on one side of the fence had a feeling that the arbitrators were not too well aware of the circumstances surrounding awards that were made for municipal employees, for example, which resulted in some cases in very large levies on municipalities.

In the first paragraph of page 43 you speak of keeping a roster of qualified arbitrators and of training them. How well qualified are they? What do you consider to be good qualifications and what kind of training do we provide?

**Hon. Mr. Elgie:** First, I want to make a distinction. The majority of cases in which municipalities have expressed concerns relate to policemen and firemen, who come under the Attorney General. I am really not able to comment on what happens in that ministry.

With the passage of Bill 25 covering grievance arbitration, we established a labour-management advisory committee which felt that younger arbitrators needed some training to acquire a better understanding of rights arbitration. The training program you are reading about has to do with rights arbitration, not interest arbitration.

The claim is made that perhaps there are not enough arbitrators in the interest arbitration area who have the necessary background in the information base required with respect to interest disputes or, indeed, training in interest disputes. That is another area we are looking at at the moment. Mr. Pathe may want to comment on that.

5 p.m.

**Mr. Pathe:** Most of the arbitrators engaged in interest arbitration in the province are on a list of rights arbitrators, which is established by the minister on the advice of this committee. We are continuously seeking more arbitrators to do interest arbitration. It is our hope that as the list expands and we get more competent arbitrators into the rights arbitration field, more of them will expand into interest arbitration.

It is a very difficult field, and there are not many who want to do it. It is a complex and difficult task. While there are a number of people in the province who aspire to being grievance arbitrators, I do not know of any who aspire to being interest arbitrators.

In the course of the work of the office of arbitration, we endeavour to get them to do a mix. We assign them to grievance arbitration cases and we lean on them to do the interest cases. It works to a great extent, but we have some work to do there. It may mean that through this committee or through some other mechanism we will engage in some training and development of interest arbitrators, using those who are in the process now and who are experienced to train and develop new ones. It is a difficult task.

**Mr. Dean:** At the moment, what does the training you are referring to here involve?

**Hon. Mr. Elgie:** Rights.

**Mr. Dean:** Just rights?

**Hon. Mr. Elgie:** Discharges, suspensions, grievances—rights arbitration.

**Mr. Dean:** When you say you train them, what do you do to train them?

**Mr. Pathe:** The training program runs for approximately six months. Prior to the beginning of the program, the committee interviews and selects six or eight candidates, and the candidates begin with a two-day workshop, which is taught by some of the prominent mainstream arbitrators in the province.

Following the workshop, through the office of arbitration the trainees or interns are assigned to arbitrators for periods of three or four months in sort of an internship program. They go out with arbitrators and sit in on the hearings, write awards—sort of dummy parallel awards—on the evidence they hear. Then the arbitrator will do a critique of the award and meet with them afterwards. It is sort of on-the-job training.

After they have had a number of months in that internship program, we have sort of a windup workshop in the fall of the year—this year it was in October—and then an assessment is made by the committee whether or not they should be added to the list of arbitrators. The decision has not been made for this year, but the 1980 class, with the exception of one, was added to the list and is being given assignments on a selective basis in order to gain experience. It remains to be seen, of course, whether they can develop the kind of acceptability that is necessary in a good arbitrator.

**Mr. Sweeney:** The minister will recall that when we were debating a while back the private member's bill on equal pay for work of equal value there was a great deal of discussion on the effectiveness of the then current equal pay legislation, the way in which people appealed

what they thought were improper awards and payments, whether they were successful, how much they got, et cetera.

I notice there is a reference on page 44, under employment standards appeals, to hearings under recently introduced equal pay legislation. What is happening with respect to actual settlements across the province under these hearings, compared to the ones we discussed about a year and a half ago? What is new and different about it in the way of results?

**Mr. Armstrong:** Perhaps Mr. Scott has the records and decisions. Do you have those, John?

**Hon. Mr. Elgie:** This is John Scott, the director of the employment standards branch.

**Mr. Sweeney:** Mr. Chairman, just to guide Mr. Scott, my concern was that at that time there were relatively few and they were for relatively small amounts. The question was put to the minister and to his staff that it did not seem to be working very effectively. One of the stumbling blocks was the absence of any kind of class action in this area. It is that whole section I am dealing with. What has changed over?

**Hon. Mr. Elgie:** I think the phrase in that section that says "recently introduced equal pay legislation" is wrong.

**Mr. Sweeney:** That was part of the thrust of my question. I assumed that something new had happened.

**Hon. Mr. Elgie:** There has recently been an expanded enforcement procedure with respect to the equal pay legislation, but the author of that must know something I do not know. I cannot recall any recently introduced equal pay legislation in the past three or four years.

**Mr. Scott:** The statistics we have prior to March 1980, when we brought in the new procedure under the equal pay team that was appointed, show that over five years we had 119 investigations and only 26 were found in violation. Since March 1980 we have completed 132 complaint investigations with 35 found in violation. We have also completed a number of routine investigations, and employers were also found in violation there.

A major factor in this, and it was a bit of a problem before, is that when you are looking at equal pay back over a two-year period to determine whether there are violations or not, and there are always some which are suspect, we have encouraged the parties, particularly where there is a union, to work out a solution within the framework of the legislation which is satisfactory to both. That is working very well

for us. I have recently been informed of a case in Ottawa where about \$100,000 is involved. The parties got together, and both the union and management have agreed to it on the back period of the award.

**Mr. Sweeney:** The point was made during those earlier hearings, Mr. Minister, that the existing equal pay legislation recognized the concept of similar work. What was the phrase used?

**Hon. Mr. Elgie:** "Substantially the same."

**Mr. Sweeney:** Has there been any evidence that at least part of the spirit, if not the exact wording, of work of equal value is being incorporated into that "substantially the same," or has there been any change at all in so far as what you people are looking at when you look at "substantially the same"?

**Hon. Mr. Elgie:** I think that the act is pretty specific. The work has to be substantially the same, and then the criteria of effort, skill, responsibility and quality of work are superimposed upon that initial standard.

I have said publicly in the last year or so that I think we should be looking at a composite index. One of the things Mr. Scott runs into—and he can elaborate on it if he wishes—is that we may find there is work that is substantially the same, but within the subcategories of skill, effort, responsibility and so forth there may be variations. In the absence of what is called a composite index, one cannot take those variations into account. They have to have some equality in each of the subdivisions. That is an area I am looking at.

**Mr. Scott:** The major difference under any one of the three you have named, Dr. Elgie, would disqualify a valid claim under the present legislation. That is what we have to live with in the ministry.

**Mr. Sweeney:** In fact, what I hear is that there has been really no significant movement. You broaden the base somewhat although, as I said in my opening remarks, you do not necessarily move to what I know the minister is opposed to at the present time.

**Hon. Mr. Elgie:** There has been no bill introduced in the House—

**Mr. Sweeney:** That was not what I meant. It was also my understanding that there has been no recent legislation. However, I understood the minister to say in those earlier hearings that

there would be an attempt to take a more liberal view of the interpretation of "substantially the same."

**Hon. Mr. Elgie:** I never like to be liberal. I like to be progressive but not liberal.

**Mr. Sweeney:** All right. We will accept progressive.

**Hon. Mr. Elgie:** The problem we have is that we have to live within the act where, of course, there is provision to appeal. You know that. But I have said we have to think seriously about a composite index approach in order to deal with the kind of issues I mentioned. No, there has been no change, nor can there be because it would always be subject to appeal. Mr. Scott, do you want to comment?

5:10 p.m.

**Mr. Scott:** If I just may add, Dr. Elgie, we have developed more expertise in this area. We have developed manuals and we are into job evaluation, but strictly within the framework of the legislation. I think that has enabled us to find violations we would have passed by before. I think we get into it in more depth under the present way of doing it. I believe that is one of the reasons we are more successful with this particular standard now, and I think we have achieved a fair amount of success over this past 18 months.

**Mr. Sweeney:** Can you give me an approximation in rough dollar figures of the kinds of settlements being made? I am coming back to the point I made earlier, that originally they seemed to be so low as to be almost insignificant. Has that changed in any appreciative way?

**Mr. Scott:** That has changed. I just referred to one—\$100,000 in the Ottawa area. We also had one just outside Windsor, totalling approximately \$150,000 for a number of nursing aides. We have had a number in the bracket of \$30,000 to \$40,000. I guess you could say it has improved.

**Mr. Sweeney:** The figures you are quoting would suggest there are a number of individuals involved in the settlement. The minister will recall one of the difficulties brought to our attention by numerous witnesses—and in that case we were talking about women employees almost exclusively—is that an individual woman employee was somewhat reluctant to sort of go out on the limb all by herself. Reasons were given, but I will not elaborate on them.

It would certainly be helpful if several of these women could go in some form of concert, although I understand the legislation does not



permit a class action, so to speak. What is happening in that general area? Are a number of different women coming in with similar cases simultaneously, even though it is not a class action suit, or is a settlement being made for one and then applied to several others? What is happening?

**Mr. Scott:** No. We generally will start with a claim from either an individual or from a union that is involved. We will investigate and we will apply it right across the spectrum of the employees in the place. In other words, we do not restrict it just to the complainant.

**Hon. Mr. Elgie:** They are also doing audits without a complaint too.

**Mr. Scott:** Oh, yes, certainly. Perhaps a dollar amount would show how effective we have been. I did not get into that before. In the four or five years prior to this new concept of the new team approach, we had collected \$607,000. There was one case worth \$536,000, so you can see there were a series of very small claims that had resulted in assessment.

In this same 18 month period, we are now totalling \$267,000. There are 362 employees that have benefited since March. Excluding that one particular big case, only a handful of employees had benefited under the previous method.

**Mr. Sweeney:** Mr. Minister, there was some scepticism expressed last time around when you talked about—I forget the terminology—when your people go in without being invited.

**Hon. Mr. Elgie:** Routine audit.

**Mr. Sweeney:** Yes, routine audit. There are literally thousands of industries and commercial establishments across the province that might necessarily be affected by it. How many people do you have available to do this? Roughly what percentage of work places are being audited on an independent basis?

**Hon. Mr. Elgie:** John, how many people are on the equal pay team?

**Mr. Scott:** We have 10. About half are located in Toronto proper and half are located out in the province.

**Mr. Sweeney:** Could you give me a rough annual estimate of the number of businesses you can go into uninvited?

**Mr. Scott:** We have carried out a total 52 routines this past year since the start of this program. We have collected \$93,000 on those routines

**Mr. Sweeney:** That would average about one a week roughly. What is the criterion? How do you decide who you are going to pick?

**Mr. Scott:** There are a number of industries where we believe there will be a greater chance of finding a violation. Service industries are good ones. We resort to the research branch and our own statistics in determining where we think there would be a greater percentage chance of finding violations before we proceed. We do not just walk in cold on anybody on the street. It is what you would call a routine, but it is a directed routine in the case of particular industries and particular employers.

**Mr. Sweeney:** Would the violations already brought to your attention give you reason to look at other industries of that same category? Is that what you are talking about?

**Mr. Scott:** It could, yes.

**Mr. Mackenzie:** How many of your audits would be done on request of a union, a concerned individual or a member?

**Mr. Scott:** I do not have that information. It is possible I can get that for you, Mr. Mackenzie, but I certainly have not got it here today.

**Mr. Mackenzie:** Most of your audits are internally generated though?

**Mr. Scott:** I would say most of the audits are determined as a result of a complaint we have received from an individual.

**Mr. Armstrong:** I do not know whether you are talking about the same thing. There are routine audits and there are claims. I have a table before me that breaks those down in respect to various periods of time. I understood all your routines were generated internally and all of your claims were as a result of either union or employee initiative.

**Mr. Scott:** Yes, that is so.

**Mr. Mackenzie:** I take it the audit was done as a result of a complaint in the case of Enzo Haulage?

**Mr. Scott:** Yes.

**Mr. Mackenzie:** How would they break down? Would it be 50-50?

**Mr. Scott:** Between a union—

**Mr. Mackenzie:** Between a complaint and a routine in-house audit.

**Mr. Scott:** On all standards?

**Mr. Mackenzie:** Yes.

**Mr. Scott:** We have management by results on that. We probably will do about 1,500

routines in the branch this year, as opposed to 16,000 to 17,000 investigations where we have received complaints.

**Mr. Mackenzie:** I need some clarification here. What are we talking about when we refer to an audit?

**Mr. Chairman:** This is not a questioning, but there seems to be some confusion. There seems to be two different types of audits. For the sake of the members of the committee, the figures you have given demand some clarification as to whether you refer to the routine audits or claims audits.

**Mr. Scott:** Let me address that, sir. In a year, we receive complaints from employees claiming wages owing to them.

**Mr. Armstrong:** We are talking about equal pay at the moment. That may have been what sidetracked us. We are talking about equal pay claims and equal pay routines, gentlemen. Those are the figures—

**Mr. Mackenzie:** My apologies. I confused it. The Liberal member had raised the question of equal payment.

**Mr. Sweeney:** I have to say as a summary comment that we do not appear to be getting very far along in this. We are still going to have to take a look at some other ways of making comparisons. Perhaps the one the minister is suggesting might be the next step. If we move in that direction, we will be able to see whether that comes closer to approximating what the real need is out there.

I think the minister is well aware, despite the complexities he continues to bring to our attention—such as in his response to a question in the Legislature today from Mr. Mackenzie—that he still feels the equal pay for work of equal value is too complex to administer. Sooner or later we are going to have to come at least a lot closer to it than what we are now. We really have not come close to scratching the real need out there. Did the minister give any indication at all as to when he is prepared to move, even on his own recommendation of the next step?

5:20 p.m.

**Hon. Mr. Elgie:** I cannot give you any commitment on that. I can just tell you I am seriously looking at that. I cannot give you any time frame or tell you whether it will come into fruition. I can just tell you I am looking at it.

**Mr. Sweeney:** Do you sense it is going to go a long way towards solving the problems we face, or is that just one small step?

**Hon. Mr. Elgie:** Mr. Scott did a pilot study. How long ago was that? Was it two years ago?

**Mr. Scott:** I believe it was a little less than two years, sir.

**Hon. Mr. Elgie:** The indication he got from that pilot study was that a composite index might indeed offer the opportunity to compare similar jobs to a little greater extent than we are under the present act. But let us not kid ourselves about the comparison of dissimilar jobs. You may say it should be done and that it is easy to do, but even the United States Academy of Sciences has said it is very complex.

**Mr. Sweeney:** I am not suggesting it is easy to do. I do not think anyone has suggested it is easy to do. I do not think anyone has ever done it, but it can be done.

As Dr. Elgie is well aware in medical terms, it is similar to diseases and medical problems. Until you actually get at it and find the cures and the solutions, it is not going to get done. If you start today, maybe you will have it in three years. If you do not start until five years from now, you will not have it until eight or nine years from now. That is what we are saying. I am not trying to underestimate some of the difficulties involved.

All I am really saying is that if you are convinced you cannot go all the way, can you at least give us some indication that you are going to go through a series of steps that will eventually get us there?

**Hon. Mr. Elgie:** I really cannot add to what I have said to you.

**Mr. Chairman:** I think you have made your point, Mr. Sweeney.

**Mr. Sweeney:** Yes, I have made my point, Mr. Chairman.

**Mr. Chairman:** Mr. Mackenzie, would you like Mr. Scott to remain here, if you have any questions?

**Mr. Mackenzie:** No.

Earlier the member for Windsor-Sandwich (Mr. Wrye) asked the minister about the lack of compulsory arbitration for some of the hospital workers. I do not support it and never have. You are right about the general position of the trade union movement. At the risk of running foul of the chairman, I would like to know why, in response to Mr. Wrye's query, the minister would call upon the trade union movement's

position for support so quickly, when he rejects their positions on equally valid questions of first contract or removing offending sections of section 89 or what have you.

**Hon. Mr. Elgie:** I do not think we really want to get into an argument as to whether or not the government is correct in the areas we have deemed to be essential services. As I said to the member, it is our feeling that in the context of public health units we have not seen the kind of strike and the kind of withdrawal of service that necessitates deeming that sector to be an essential service. The day may come. Who knows? But at this time that is our view.

**Mr. Mackenzie:** In trying to solve these hospital disputes, I really wonder how the ministry and their staff can separate the bargaining situation from government funding. It has to add an element of real difficulty because that is essentially the argument of the various hospitals and boards.

Some attention should be paid to this area because, unless I miss my guess, some of the employees may have got clobbered during the last hospital strike. There is an injustice and an unfairness in terms of the wage levels in that particular trade, and there is an increasingly strong and militant feeling amongst the workers involved. I think we are heading for some more confrontations, and it will be a dicey situation for the public and for the government.

I just really wonder if you are taking a serious look at how you are going to deal with this problem and how you separate the problems.

**Hon. Mr. Elgie:** I cannot add anything more, except to say that I am seriously looking at the issue of hospital labour disputes. I am not in a position to talk to you about any resolution of those issues, but I can say we do not envisage altering the commitment of the government to the arbitration process in those areas we deem to be essential services, but we are looking at the process.

**Mr. Mackenzie:** If you are not going the compulsory arbitration route—

**Hon. Mr. Elgie:** We are not backing off from that, I can tell you.

**Mr. Mackenzie:** I hope that is also an indication you are not going to follow the route of denying the right to strike, Mr. Minister.

**Hon. Mr. Elgie:** You know that.

**Mr. Mackenzie:** What kind of problems do you run into with the split jurisdiction for some unions between the Canadian Union of Public

Employees and Ontario Public Service Employees Union, those under crown employees' collective bargaining?

**Hon. Mr. Elgie:** I do not know that we have had any experience in crown employees' collective bargaining. That all comes under Management Board.

**Mr. Mackenzie:** I know, but you have workers covered under this jurisdiction. That is really what I am referring to.

**Hon. Mr. Elgie:** Do you have you a comment on that, Mr. Pathe, which you feel may be appropriate at this time?

**Mr. Pathe:** OPSEU operates with members under both acts. We deal only with OPSEU members who are either under the Labour Relations Act or under the Hospital Labour Disputes Arbitration Act.

**Mr. Mackenzie:** But you are well aware of their wish that they all go under the one act.

**Mr. Pathe:** Oh, yes.

**Mr. Mackenzie:** It certainly would resolve, I think, some problems. Has there been any move to have them all come under the Ontario Labour Relations Act?

**Interjection:** It is a policy question.

**Mr. Mackenzie:** I hear the comment that it is a policy question. That may be, but I well recall a Minister of Government Services indicating to me that he would not be all that unhappy if they were all under one act, but that it was up to the Ministry of Labour. Then I hear scuttlebutt through the corridors that the minister will not look at them unless he is given some kind of a clear hand. I am never quite sure what was meant, but I would like some comment.

**Mr. Chairman:** I just wonder whether it is appropriate for the assistant deputy minister to answer rather than the minister.

**Mr. Mackenzie:** It is an area that has been a matter of some dispute, and there are likely to be increasing disputes.

**Hon. Mr. Elgie:** Issues related to crown employees have been brought to my attention, but I am not prepared to discuss what internal discussions may be going on.

**Mr. Mackenzie:** On 37(a), single arbitrators, can we get some answers on what has happened in that field? I see your little piece in the annual report here.

**Mr. Pathe:** Miss Read can tell you about the statistics on arbitration under that section.



**Mr. Mackenzie:** I would like a little more than statistics, although that is part of it. I would just like an idea of exactly how it is working.

**Miss Read:** I think we can see how it is working by looking at the figures. From September 1, 1979, until September 30, 1981, we have had 1,127 applications for expedited arbitration. Of those, 139 were withdrawn due to untimeliness, and of the balance, 680 were settled prior to the arbitration by grievance settlement officers. That is about 65 per cent. A total of 308 grievances actually went to arbitration.

**Hon. Mr. Elgie:** The settlement rate by grievance settlement officers ranged in 1979-80 from 64 per cent to 65 per cent. In 1980-81 and to date in this fiscal year, it has been running at 72 per cent.

**Mr. Armstrong:** The other figure of interest is the incremental buildup. In fiscal 1979-80 it would be low because the act was only applicable to collective agreements coming into effect after the passage of the act. There were 25 in that year; 468 in fiscal 1980-81; and 634 from April through September 1981-82.

5:30 p.m.

If you project that caseload of maybe 1,200, it will give you an indication of the utilization of the section somewhat greater than even the most optimistic of us predicted it would be as an attractive alternative to the somewhat slower process under collective agreements.

**Mr. Mackenzie:** Are we meeting the time frames?

**Mr. Pathe:** The arbitrations are all being checked within 21 days, sometimes with difficulty. Nevertheless, it is being done. Although there is no requirement in the act for the time in which an award should be handed down, they are running an average of about three weeks after the hearing. So we have in an average case an elapsed time of about six weeks from receipt of the request for arbitration to the time when the award is in the hands of the parties.

**Mr. Mackenzie:** Is there a feeling that this is resolving one of the difficulties we have had for a number of years?

**Mr. Pathe:** I believe there is. There is quite a positive feeling about the bill.

**Hon. Mr. Elgie:** I do not think it is in your data, but Miss Read might comment on another statistic. According to my recollection, in grievance procedures under collective agreements in

which our grievance settlement officers are being asked to be involved the settlement rate is very high.

**Miss Read:** Yes, this is a spinoff. A number of parties have asked us to assist them with mediation grievances. Since January 1980 we have had 315 requests for assistance covering multiple grievances. They could cover as many as a dozen or 50 or even 100. In these cases our officers have assisted the parties to settle, and these are running at about an 85 per cent settlement rate.

**Hon. Mr. Elgie:** That is a surprising bonus, isn't it?

**Mr. Mackenzie:** The idea was considered a reasonably good one, Mr. Minister.

**Mr. Armstrong:** Not in all quarters.

**Mr. Mackenzie:** I do not think we really gave any trouble.

Under this third item I am also curious to know if the work load of the arbitration department is responsible for the increase from \$581,000 to \$745,900. I notice your 1981-82 estimates are up by probably better than 30 per cent in this field.

**Mr. Pathe:** Yes. It is essential. We have had peak periods when mediators from conciliation-mediation have been assigned to do grievance settlement in order to assist in getting a backlog cleaned up because we have a tight time frame in which that has to be done prior to the arbitration. The increasing case load is represented in those figures.

**Hon. Mr. Elgie:** Mr. Chairman, we have the chairman of the Labour Relations Board and the vice-chairman here if anybody has any questions about those areas at this point.

**Mr. Chairman:** Do you have any further questions, Mr. Mackenzie? Are there any additional questions or comments on item 3 of vote 2402?

Item 3 agreed to.

Vote 2402 agreed to.

**Mr. Chairman:** I would like to proceed with vote 2403 at the request of Mr. Wrye and perhaps to continue on this vote tomorrow since Ms. Copps would like to comment and question you, Mr. Minister. I am sure that in the next 25 minutes we will not be able to complete this particular vote, but let us begin with the first item, women crown employees office.

**Mr. Mackenzie:** I have a question, Mr. Chairman, before we continue. I understand that Ms. Copps wanted to deal with women's

issues. We will not finish it today; I think you are right. Ms. Bryden is going to cover some of them for us. Did Ms. Copps request any other items which should not be dealt with tomorrow morning? Are we sitting tomorrow morning?

**Mr. Chairman:** We will be sitting. As you may notice on the Order Paper, there is a qualification as to the 10 o'clock meeting. There may be some further agreements that will have to be reached before six o'clock as to whether or not we will meet at 10 a.m. My understanding is that we will.

**Mr. Mackenzie:** Apparently she was not able to be here today and is not going to be able to be here Wednesday morning.

**Mr. Chairman:** It is my understanding that it is the Liberal House leader who had reservations about the 10 a.m. meeting, or was it Ms. Copps?

**Mr. Wrye:** I am not sure where the problem lies. I do know that it was giving Ms. Copps some problems. While we will not finish the total vote, we may well go by that area she would like to discuss most. I am just wondering, as a matter of courtesy, whether we could go to vote 2405.

**Mr. Chairman:** I am confident, considering the time frame and some of the questions Ms. Bryden may have, that we most likely will continue to proceed.

**Mr. Mackenzie:** If we don't bring it to a vote, that leaves it open.

**Mr. Chairman:** If we could deal with the entire vote, rather than by items, that probably would be the best procedure.

However, Mr. Mackenzie, we spoke at length on vote 2404, the occupational health and safety program, so what will be left for tomorrow is to continue on vote 2403, carry vote 2404 and then do vote 2405, where plant closures and so on will probably be the subject of most of the discussion.

**Mr. Mackenzie:** As far as I am concerned, apart from clarification on a couple of questions we have asked, we could deal very quickly with the vote on safety and health right now.

**Ms. Bryden:** The whole question of equal opportunity for women is still very much before us. As we all know, women are still only earning—

**Hon. Mr. Elgie:** Excuse me, could I interrupt to introduce Barbara Speakman, the new direc-

tor of the women crown employees office? Mrs. Speakman, do you want to come forward, together with Alison Roberts?

**Mr. Chairman:** Please proceed, Ms. Bryden.

On vote 2403, women's program; item 1, women crown employees office:

**Ms. Bryden:** Mr. Chairman, as I was saying—

**Hon. Mr. Elgie:** The first thing you want to do is to welcome the new director, Mrs. Speakman.

**Ms. Bryden:** Yes, it is a pleasure to have her with us. She has a big job on her hands because we are still a long way from having achieved equal opportunity for women, both in the work place and in society. I think the women's bureau has an overview of both fields.

As we all know, women's earnings are only about 58 per cent of male earnings. This gap does not seem to be closing; in fact, I understand it is widening slightly. So we do need programs which will overcome that gap if we are going to use the talents of 52 per cent of the population.

Last fall the NDP introduced a women's equal opportunity bill which was one of the most comprehensive bills in this field that has ever been produced in this country. It covered a number of areas, such as equal pay for work of equal value, opening up nontraditional jobs to women, opening up skills training to women, removal of sexual harassment and adequate day care, which is an absolute essential if women are to have the choice of joining the work force. Mr. Minister, you voted against that bill and most of your Conservative colleagues did the same.

One of the things that was mentioned during the debate of that bill was that the Ontario Manpower Commission would make a report on women's employment strategies, or that may have been promised at a somewhat later date. I am not sure of the exact timing of it, but it was supposed to come out in early 1981. I would like to know where that report is. Will it be dealing with some of these issues I mentioned that were in the NDP bill which did not pass?

5:40 p.m.

**Hon. Mr. Elgie:** First of all, you have referred to my personal vote on an NDP private member's bill in private members' hour.

**Mr. Mackenzie:** A very fine bill.

**Hon. Mr. Elgie:** It will not surprise you to know that there are those in the government who voted against it. They did so on the principle that we should continue with the efforts that we are undertaking in this govern-

ment, which we think are far ahead of any other province in this country, to ensure greater opportunity for women in employment.

You raised the particular issue of the manpower commission. I forget what vote and item that is in.

**Mr. Chairman:** In vote 2406, Mr. Minister.

**Hon. Mr. Elgie:** I am sure the new manpower chairman will be pleased to discuss that with you. I have indications that we can expect a background paper in the very near future. I do not know what their ultimate recommendations will be. He has not given them to me yet.

**Ms. Bryden:** It looks as if early 1981 might be early 1982.

**Hon. Mr. Elgie:** You can ask him that when he is here before you on that vote. I know you will be here then, so you can put that question to him.

**Ms. Bryden:** On page 51 of the ministry's annual report, there is mention of a survey undertaken by the women's bureau to document the problems of women attempting to enter the skilled trades. Can you table the results of that survey and let us know what sort of action is being planned to open up the nontraditional jobs and the skilled trades to women?

We know that the gap in earnings between men and women will not close as long as women are confined to the ghetto of clerical, retail and secretarial jobs. Also, we know that the micro-electronic revolution is going to eliminate a great many of those jobs. If we are not going to have mass unemployment of women, we are going to have to see that they are provided with adequate training to move into more skilled jobs and jobs that will be part of this electronic revolution. I would like to know what plans the ministry has to meet that very significant change that is probably coming in our employment picture.

**Hon. Mr. Elgie:** Ms. Roberts, do you want to comment on the study that Ms. Bryden referred to?

**Ms. Roberts:** That report is available, Ms. Bryden. It is entitled *The Survey on Access to Nontraditional Jobs*. It involved a survey of about 148 women who had completed a pre-trades training program with a community college and are now either employed or actively searching for work. It indicated, primarily, the kinds of problems they were facing. Generally, they found that a lack of job information was a

problem, that employer attitude was still a problem and there were some other further training difficulties.

There have been a number of programs involved in responding to that particular difficulty, one of them being the establishment, through the bureau, of 10 Women in Trades associations in the province, which are designed to provide an information exchange among women. Actually, it is a support group because isolation is also a problem. They found that the majority of the women who responded in that survey were the only women in their particular places of employment. So isolation really is a factor. These particular organizations are providing assistance there.

In response to the microelectronic technology aspect, that is a primary focus of the women's bureau at this point and involves a number of programs and program direction. There is a series of seven booklets listing virtually hundreds of occupations and the kinds of training that are involved and giving occupational profiles generally. Two of those are being revised at this moment. One is on trades and industry and the other will be involved with science and technology. They are extremely popular and in great demand and are being provided to schools and to career counsellors.

We are doing a lot of intergovernmental and interministerial work. The career counselling consultant with the bureau chairs an intergovernmental committee consisting of people from the community colleges who are involved in supporting the INTO programs for women, the introduction to nontraditional occupations. As well, they are developing the further programs which are absolutely essential now and making sure that women have an awareness of those programs. In addition, they are involved with staff from Canada employment centres and the Canada Employment and Immigration Commission training people to make sure that the information gets to women, to employers and to those who are providing counselling.

**Mr. Mackenzie:** I missed something of your earlier comments when you were talking about the results of the survey and mentioned that a lot of the women were in isolation. Can you explain to me what you meant when you said they were the only persons in the operation?

**Ms. Roberts:** They were the only woman in their place of work. They had become employed, but they were the only woman in the plant. That is a strain and that is difficult.



**Mr. Mackenzie:** Does it have any real relevance to whether or not they could move into another operation or a better operation?

**Ms. Roberts:** At this point, getting a job and being employed in the trade in which they are trained is primary. Probably, because it is nontraditional, moving to another operation is not necessarily the answer. The answer is getting more women into that operation.

**Ms. Bryden:** How much progress has been made in opening up apprenticeships to women? I understand that only about five per cent of apprentices are women. If you do not count the women who are apprenticing as hairdressers or cooks, it is about 0.5 per cent. What is the problem about opening up more apprenticeships to women?

**Ms. Roberts:** I do not know the precise source of the problem; I know it is a difficulty. At this point, we are consulting and providing considerable consultative assistance to apprenticeship counsellors with the Ministry of Colleges and Universities and to employers as well.

Counselling and education are a primary focus right now, as well as encouraging women to apply for, or to become interested in, the nontraditional areas. Certainly we have noticed an increase in the numbers of women who are applying for these particular positions, but at this point, counselling and providing considerable amounts of educational material are the response.

**Ms. Bryden:** Do you think the employers are ready to accept women apprentices, or is that where the bottleneck is?

**Ms. Roberts:** It can be. The smart ones are accepting them and in our experience are certainly pleased with the result. Increasingly, employers who are facing skill shortages are finding that it is not such a great risk after all to employ a woman.

Another aspect is the increasing link between the community outreach, or the community development section of the bureau, and the affirmative action consulting service. We are creating direct links with those employers with whom we are dealing and providing them with access to a training pool of women. We are having considerable success there. There is still a lot to do of course.

**Ms. Bryden:** Generally, I do not like quota systems, but do you think it may be necessary in some of the trades to suggest that employers should take a certain percentage of women to

start with so that they get used to the idea of having women apprentices in their establishments?

**Hon. Mr. Elgie:** I do not think Alison Roberts should answer that. I think you know the government's position. Actually, I thought it was most of your party's position that you oppose quotas. I think we have to work on the barriers to women entering those fields, and that is what Alison Roberts is talking about. I do not sense any feeling for the concept of quotas. Are you saying that your party is in favour of quotas?

5:50 p.m.

**Ms. Bryden:** Sometimes you may need temporary quotas perhaps to overcome the attitudinal barriers for a short period.

**Hon. Mr. Elgie:** I would be interested in your views on reverse discrimination that many claim occurs in quotas. Do you have any views on that issue?

**Ms. Bryden:** That could be a problem, but if you find that 95 per cent of the apprenticeships are going to males, I think there is some argument for seeing that that percentage is rectified in some way over a period. I think the new constitutional resolution does say that affirmative action programs would not be considered reverse discrimination for a period.

**Mr. Wrye:** Could I have a supplementary?

**Mr. Chairman:** Ms. Bryden, would you mind a supplementary to your question?

**Ms. Bryden:** If it is just a supplementary, I do not mind.

**Mr. Wrye:** Surely through the apprenticeship area in the Ministry of Colleges and Universities something can be done and should be done, and perhaps should have been done some time ago. As my colleague the member for Beaches-Woodbine has pointed out, women make up only five per cent of the apprenticeship program. When you take out a couple of significant areas, it drops to one half of one per cent. Surely we have a glaring problem here. It is one very specific example of what seems to run right through the whole government service—women being underpaid, women in traditional jobs. We are really not making any progress.

**Hon. Mr. Elgie:** In the government?

**Mr. Wrye:** In the whole public service, including a number of ministries, women are stereotyped.

**Hon. Mr. Elgie:** Do you want to get into that? That is not a supplementary to Ms. Bryden's question, but I think we should get into that.

**Mr. Wrye:** I am talking about apprenticeship training.

**Hon. Mr. Elgie:** I think there are remarkable things happening in the Ontario government.

**Mr. Wrye:** After 38 years faith is beginning to dwindle. Maybe I could get you to comment on the apprenticeship program and what action is being taken or should be taken.

**Mr. Gillies:** This is indeed a supplementary. It is not exactly a question, but I think the members would be interested to know that we at the youth secretariat sponsor a career week every year. I visited a dozen or so high schools two months ago during that week, when many of the high schools set up a career day and set aside different classrooms in which speakers recommend various professions and trades. Students are free to go and hear about whatever careers they are interested in.

I was frankly astonished at how little the traditional pattern seemed to have broken down. I do not think I saw a female student in any room where apprenticeships or trades were being discussed. The nursing sessions would be full of girls and the lawyer sessions would be full of boys and so on.

I just throw that in. I am not convinced of the problem. I think Ms. Bryden is quite correct that there is a problem, but I am not convinced in my own mind that it is truly a problem of governmental action or inaction. I think there is still very much an ingrained attitudinal predisposition that is going to take a long time to break down.

**Ms. Bryden:** I think it probably indicates that sex stereotyping in the education system is still very much there. This is a matter for the Ministry of Education estimates, I guess.

**Mr. Chairman:** Do you want to answer the supplementary?

**Hon. Mr. Elgie:** I really do not know that I can elaborate. I think I tried to say that in the House today and Mr. Gillies has gone into it in a little greater depth. We still have attitudinal problems with parents, let alone their children. I have two daughters and I understand the sex stereotyping role that they see for themselves. I suspect one of them is going to break out of that. They are certainly not getting that example at home, I can tell you, but it is still there. So that is one barrier.

Whether we like it or not, there are barriers

from management in industry and there are barriers on the union side. We are working at trying to educate in all areas to accept that this is a changing society. Anybody who does not understand what is going to happen in employment in this decade is in another world, because by the end of the decade 60 per cent of the people in the work force will be women.

**Mr. Wrye:** Specifically on the apprenticeship problem, surely the government, it seems to me, is not perhaps leading as much by example as it ought to be. When we have numbers such as we have, it clearly shows some affirmative action is needed on the part of the government. As the member suggested, some quotas, temporary though they may be, are needed to begin to break down these barriers, to offer—

**Hon. Mr. Elgie:** So you believe in temporary quotas?

**Mr. Wrye:** Well, it may well be at this point when I look at them. Are there alternatives or are we going to be content with 0.5 of one per cent for the rest of time?

**Hon. Mr. Elgie:** Barbara Speakman has the exact figures. I think there have been some remarkable accomplishments by women entering the upper echelons, middle management and so forth, in a government that is really trying to restrain the growth of the civil service.

To be frank, no other government is doing it. I mean that. The feds have started three pilot projects in three ministries. In all ministries of this government, each minister is required to approve yearly targets. They are reviewed semi-annually. Do you have the percentage figures of women compared to men entering into those areas of—

**Mr. Mackenzie:** With respect, Mr. Minister, the question specifically addressed—

**Hon. Mr. Elgie:** He said government as an example.

**Ms. Bryden:** But management is not apprenticeship. That is what we were talking about.

**Mrs. Speakman:** Talking about apprenticeships and women, the women crown employees office, members of the personnel community in the government and the Civil Service Commission have all looked at apprenticeship within the service. One of the major problems discussed has been the availability of women in these areas.

At this stage we are recommending to the civil service commission that when the approximate number and types of apprenticeship

positions within the service have been established, the women crown employees office will estimate the number of women available to go into those positions. That is the main problem. Even where planning targets of some sort are established for women in the apprenticeship programs, we still have to find the women. I think that will be a slow process because of the schools, education system and so on. One of our recommendations is that this be accelerated as far as possible.

**Hon. Mr. Elgie:** I think we do need to expand our apprenticeship training program within various ministries; cabinet has accepted that in principle. The manpower chairman is meeting with Management Board about this very issue. I think there should be diligent efforts made to make certain women who are available and are interested get into that.

**Mr. Wrye:** What you are suggesting in your last comment is that you then have to go out and find the women and that it may take much stronger affirmative action to find women who are available. The ministry may have to go out and be very aggressive in selling apprenticeship training in nontraditional areas to women who make up a minuscule amount of the number.

**Hon. Mr. Elgie:** They are doing it in the school system and they are having difficulty getting girls in the school system to come to those seminars. Let us not play pussy in the well with each other. We know there is no lack of desire on our part to talk to young girls in school about it. The problem is to get them to listen to it and understand the changing nature of who is going to do what in the work place. What do you suggest? Should we go out and drag them in and say they are going to do it? We are going to legislate—

**Mr. Wrye:** With the discussions, they eventually—

**Hon. Mr. Elgie:** You are not in the same kind of world I am.

**Ms. Bryden:** Is it true that when the personnel managers in the government move women into more responsible jobs on the pretext of job rotation or on-the-job training, they are refusing to pay the increased salary a man would traditionally get in that job? I have heard this as a complaint from some of the people in the union. Is it true that women who have moved into higher-up jobs are not getting the same pay as the men in those jobs?

**Mrs. Speakman:** No. The whole policy of moving people into jobs with a higher rate of

pay is governed by the collective agreement with the Ontario Public Service Employees Union and the collective agreement is abided by. However, there are many career development moves which do not involve movement into a full higher level position. They involve moving someone into an area where they get new experience and new exposure, but not necessarily at a higher level. A lot of those are taking place in a different area of work.

That is what we call our accelerated career development moves, and we have a lot of success in that area. Where the job does involve a higher level of work, the job is paid for. Where it does not, the person retains her current salary and then moves back into her former position. It very much depends on the individual move and what is involved in terms of the job, duties and responsibilities.

**Ms. Bryden:** For a period they were doing the higher level work but were still at their old rate of pay.

**Mrs. Speakman:** Not in all cases. Where the higher level of work is being done, then they are paid in accordance with the collective agreement for those higher level duties.

**Ms. Bryden:** Even if it is only for a temporary so-called training period?

**Mrs. Speakman:** Yes. The collective agreement is quite clear on that.

**Ms. Bryden:** Well, maybe the collective agreement needs clarifying or renegotiating. I have had these complaints.

**Mr. Chairman:** This being six o'clock—

**Mr. Wrye:** Just before adjournment I understand—I am saying this on behalf of the member for Hamilton Centre (Ms. Copps)—there are six and three quarter hours approximately left of estimate time for the ministry and that we will only be able to do five and a half tomorrow. Does that mean the estimates will be continued into Thursday, Mr. Chairman?

**Mr. Chairman:** First of all, my understanding is that there is to be a motion before the House at this time, at six o'clock—it may have been passed already—to start our meeting tomorrow at 10 a.m., to continue until one, adjourn at one, be back after routine proceedings and continue the estimates.

I will entertain any motion at approximately six o'clock tomorrow as to whether we should complete the estimates at that time. If there is a half hour or an hour remaining, it is quite



possible we may be short by approximately an hour and 30 minutes. As I say, I will entertain any motion and I will be guided by the majority decision of this committee.

**Mr. Gillies:** The other day, as I recall, we discussed attempting to sit another morning, but the minister is not available on Thursday morning. I thought the way we had left it, with the consensus of the committee, was that we would attempt to sit Wednesday morning with the concurrence of the House.

**Hon. Mr. Elgie:** Mr. Chairman, the time allocated would have ended on Wednesday afternoon. I agreed, and the House leaders concurred, to add a morning. Now what people do with the time allocated by the House leaders

is really their business, but with respect, that is the estimates time that has been allocated.

**Mr. Chairman:** This is what I wanted to point out. There was a general agreement yesterday, Mr. Wrye, that we would conclude the estimates on Wednesday at six o'clock. The minister would not be available in the future to appear before the committee. We have had estimates that did not continue through the full allocation of the time on the Order Paper.

**Hon. Mr. Elgie:** It is already extra time I agreed to.

**Mr. Chairman:** The meeting is adjourned. We will meet tomorrow at 10 a.m. in the same place.

The committee adjourned at 6:04 p.m.

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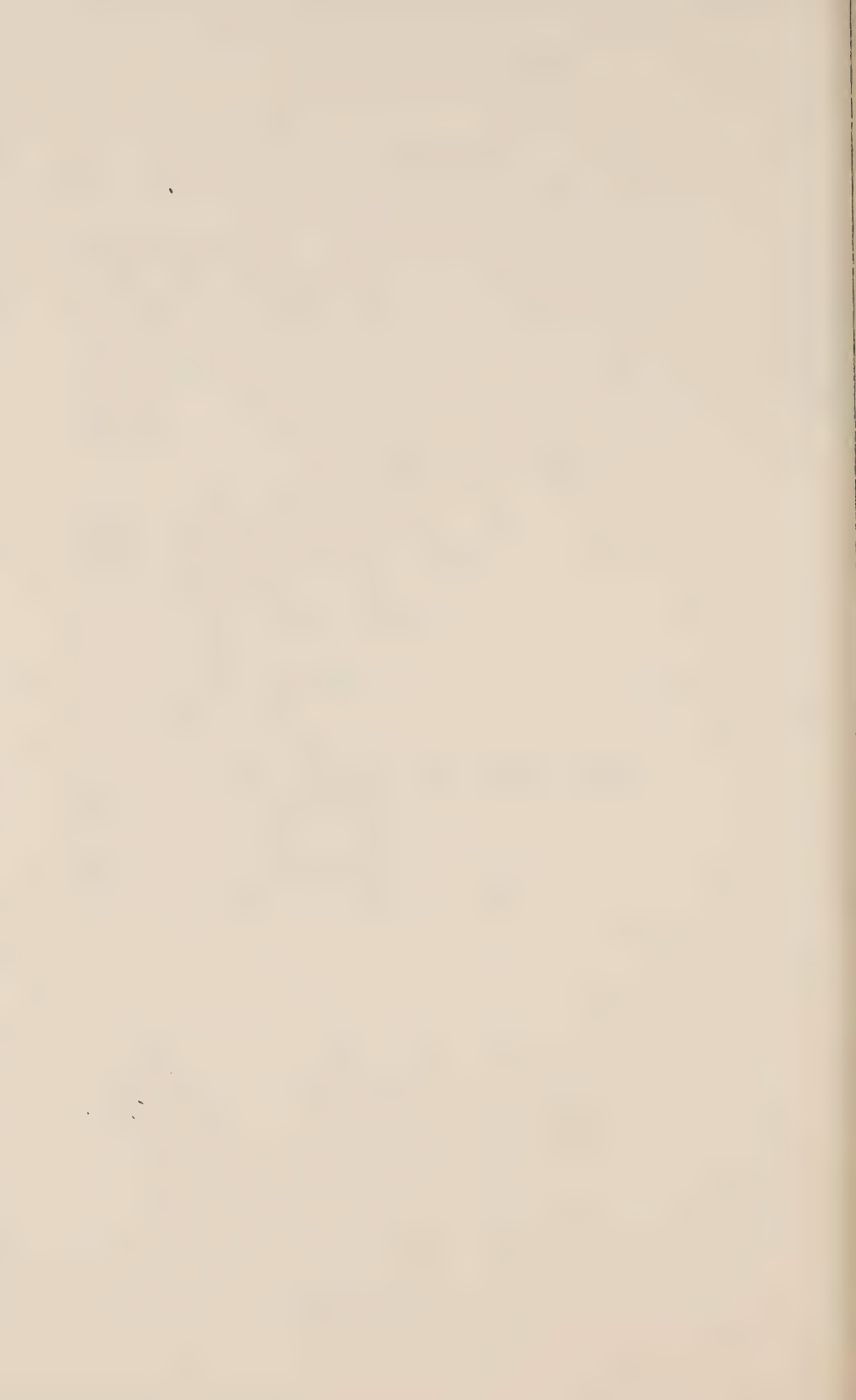
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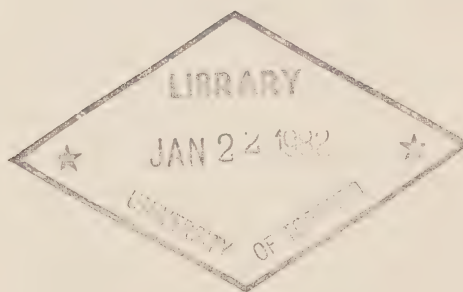
No. S-37

Ontario LEGISLATIVE ASSEMBLY

# Legislature of Ontario Debates

## Official Report (Hansard)

**Standing Committee on Social Development**  
Estimates, Ministry of Labour



**First Session, Thirty-Second Parliament**  
Wednesday, December 16, 1981  
Morning Sitting

Speaker: Honourable John M. Turner  
Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

**Wednesday, December 16, 1981**

The committee met at 10:07 a.m. in room No. 151.

### ESTIMATES, MINISTRY OF LABOUR (continued)

**Mr. Chairman:** I see a quorum. I would like to begin this meeting.

On vote 2403, women's program:

**Mr. Chairman:** Perhaps we could begin item by item, if you do not mind, or would you prefer to deal with all vote 2403, including all three items as such, and then try to carry each one separately? We were in the middle of your comments, Ms. Bryden. Would you like to continue now to deal with the three items?

**Ms. Bryden:** Yes. I would like to range over all the items and then pass them individually.

Mr. Chairman, before I go back to my line of questioning, I might just engage the minister's attention for a few moments on my activities this morning since seven o'clock.

**Mr. Chairman:** I guess Ms. Bryden would appreciate the attention of the members.

**Ms. Bryden:** Before I started my questioning, I just wanted to mention to the minister that from seven to 8:30 this morning, I joined the strikers at Irwin Toy on the picket line. I know we have already raised in these estimates the subject of the necessity for legislation in cases where there is no agreement reached, say, within six months or a reasonable period after an attempt is made at the collective bargaining for a union which has just been certified, but many of these workers are immigrant women who have to work, who have very little bargaining power and who are just trying to get themselves a wage that is a little above the minimum wage.

They have had to be on the picket line for six solid months, and all they have been offered is 10 cents above the minimum wage in that period. Most of them have families to support and they just cannot exist on \$3.60 an hour if they have any dependants. Yet there does not seem to be any movement by the management to bargain with them in good faith, to offer them a wage that would be a living wage. Can the minister condone women, particularly, in this

province being condemned to this kind of work and not being able to better their own conditions through their legitimate right to organize and bargain collectively?

**Hon. Mr. Elgie:** Ms. Bryden, I do not think there is anyone who believes I am not interested in industrial relations in this province and I have made, I think, some serious and good contributions to efforts to stabilize them. I do not think anyone doubts that. What you are really asking me to do is to make a personal finding and to make a finding as the Minister of Labour as to whether or not there are unfair bargaining practices.

**10:10 a.m.**

You know very well we have the mechanism in place—a labour relations board—to make those determinations, and there is a hearing before the board on December 21, 22 and 23. I do not know what you really intend me to say. Are you saying that I should prejudice that entire process by popping into each dispute and say, "Ah ha, another instance of this and that—never mind the relations board"? If you mean that, then you and I have a serious disagreement about labour relations in this province because that is what a labour relations board is all about.

I have to tell you that I think it is functioning very well and it has shown that in instances of unfair labour practices it can fashion remedies. I have said that before and I still believe that. I do not believe you honestly think to the contrary.

**Ms. Bryden:** Mr. Minister, I am certainly aware that there are those recourses through the Ontario Labour Relations Board for bargaining in bad faith. What I am suggesting is that perhaps the law the labour relations board administers should be strengthened by providing for automatic intervention after a certain period of time to require a first contract, similar to the legislation that has been in effect in BC. That would strengthen the labour relations board's power to more or less make it mandatory for the employer to give a first contract.

**Hon. Mr. Elgie:** Again, I just do not understand your approach. There is this constant reference

to BC, but I have to tell you in BC there has to be a determination about bad faith bargaining.

**Ms. Bryden:** Yes, I understand that. But this would strengthen the powers of the board.

**Hon. Mr. Elgie:** So what are we talking about? What we are saying is that the labour board, in the face of bargaining in bad faith, has fashioned remedies. I do not think the remedies have been seen by the trade union movement as unsatisfactory. I do not see any need for any further alterations in the present legislation because I think we have in place a very excellent process. I am quite satisfied that the labour relations board is able to respond to legitimate complaints of bad faith bargaining.

**Mr. Mackenzie:** You know the time we spend on every one of these, Mr. Minister, and I probably think the argument is useless because obviously you just do not accept that there is a problem with first contracts in difficult situations. There is a hell of a lot of time tied up, whether it is a Radio Shack or a Fleck, and you know it.

**Hon. Mr. Elgie:** That is not so. You know very well I responded to those and introduced union security, dues checkoff, in this province because that was the problem. What I am saying now is that in cases of unfair labour practices and bad faith bargaining the board has fashioned remedies.

**Mr. Mackenzie:** It might help the Minister of Labour to walk with some of those pickets once or twice.

**Mr. Chairman:** I would simply like to remind the committee members that we did deal in an earlier vote under industrial relations with the whole question of conciliation, mediation and arbitration. We are on vote 2403 dealing with women's programs and although, as you have indicated, Ms. Bryden, there are many women employed, basically perhaps you could address yourself to that vote, namely, technical assistance to monitoring evaluation of various program objectives, the women's bureau, the information-communications area—in other words, specifically to the item.

Since we have dealt already with the question of plant closures, it may be dealt with later on. But the whole question of conciliation, strikes and arbitration has been dealt with quite at length in an earlier vote, so I would appreciate it if we could focus on the women's bureau and crown employees.

**Ms. Bryden:** Yes, Mr. Chairman. I was planning to move on to that.

When we wound up last night we were talking about the activities of the women's bureau, making more skill training available and encouraging women to move into the nontraditional jobs. There still is a great need for more than just encouragement, perhaps an opening up of more programs to which women could apply.

I wanted to go on to the question of affirmative action in the private sector. I wonder if you can tell us how many companies in the private sector have affirmative action programs that the women's bureau knows about, how many new ones have been added in the last year and what sort of monitoring you are doing of those that are in effect.

**Hon. Mr. Elgie:** Mr. Chairman, the member knows, I am sure, that I have made personal efforts in exhorting companies to make certain that personnel practices and a variety of other matters do not exclude women from upward mobility in nontraditional jobs. I have also encouraged them to go further than that. Alison Roberts, I am sure, is far more up on the figures and can comment on those questions.

You raised the issue of women in skilled trades. I think we went into that in some detail yesterday, but I do not think we can pass over it without acknowledging that the federal government does have increased funding for women who enter into skilled trades. I think you know that. There is a 75 per cent subsidy, which is higher than that offered to others entering the skilled trades.

So there are monetary incentives for employers and indeed for women. Now the problem is to get the number of women who should be entering those trades to do so and to change attitudes in general.

**Ms. Bryden:** I would agree. Changing employers' attitudes particularly is very important.

**Hon. Mr. Elgie:** Yesterday we went over the various attitudes that have to be changed, and I do not change my views on those.

**Ms. Roberts:** I just might add to that, there is evidence that there are increasing numbers of women entering the technological courses and the technicians' courses in the nontraditional areas, so that pool is going to be emerging from the educational community shortly.

With regard to affirmative action, 170 major employers are now receiving counselling and resources from the women's bureau on an ongoing basis. In total, the bureau has provided resources to 672, I think, of its total client group

in affirmative action, which consists of employers and labour organizations, management consultants and other kinds of agencies.

The 170 employers represent, as I say, the major ones in size and type in that they have been selected on the basis of their having the greatest impact on women, that is, they employ large numbers of women. There are in Ontario 430 employers with more than 1,000 employees and the bureau is dealing with 41 of that number. However, many of the largest employers are federally regulated, so that figure of 1,000 and over may well deal with employees who are outside Ontario; they are in interprovincial companies.

The bulk of attention is paid to employers with 500 to 999 employees. Of that number, the total in Ontario is 349. The bureau is assisting in the development of affirmative action programs with 121 of those employers and the other eight are with employers with fewer than 100 employees.

**Ms. Bryden:** What increase has there been in the last year? How many employers were there a year ago?

**Ms. Roberts:** There has been an increase of about 10 new companies, but that does not mean those are all of the employers who are involved with affirmative action. We maintain a running record of those who are dealing with us now and have been within the past year and a half, so we may have provided resources earlier and they are now on their own and are not calling on us any more. That program maintenance work load is up about 10 from last year.

**Ms. Bryden:** How many new companies have come in during the last year?

**Ms. Roberts:** There are about 10 new ones in the past year from about 160.

**Ms. Bryden:** It is going to take a long time to get from 10 per cent of the over-1,000 group at the rate of 10 new ones a year, which may not all be the big firms by any means. We have a little over a third of the 500-to-999 group.

10:20 a.m.

**Ms. Roberts:** Yes. We did conduct a survey of employers who had had no contact at all with the bureau to find out whether there was affirmative action involvement outside of the bureau. I do not think it is surprising that there is less involvement with those employers who have not had contact. But of that group, there were 73 respondents to that survey of 309. It was a control to the first survey that was conducted, and 31 of those indicated affirmative action involvement.

**Ms. Bryden:** Do you do any year-to-year monitoring of the results of the affirmative action in the companies you have contact with?

**Ms. Roberts:** Yes. As you know, we do not monitor formally, but with the assistance of the advisory council on equal opportunity for women we do maintain a survey that will be conducted annually to determine, in the most precise terms we can, and develop affirmative action involvement by these employers. That kind of instrument is being refined so we can poll the kind of results we need.

**Mr. Haggerty:** Excuse me, Mr. Chairman. How can you follow that through? You say you are not monitoring but you are just doing one survey a year. Would constant monitoring not give you the facts you are looking for and stay on top of the situation before a crisis occurs?

**Ms. Roberts:** That is a standardized kind of monitoring. That is a major kind of event that takes about two months to complete, so it probably is the most effective means at this point of monitoring employer activity. It can really only be done formally, as I have indicated, once a year. However, consultants are working with these employers on a regular basis and do maintain a record of the kinds of results that are being reported to them through their interaction.

**Mr. Haggerty:** Do you have consultants in this area hired by the ministry?

**Ms. Roberts:** Absolutely.

**Mr. Haggerty:** How many consultants would there be in this area?

**Ms. Roberts:** There is an affirmative action consulting service, which is a section of the women's bureau, and those three consultants are women's bureau staff. They are maintaining support for the affirmative action programs.

**Mr. Haggerty:** Under the present circumstances where there are a number of layoffs that affect both sexes, you would think you would have perhaps more monitoring done on an up-to-date basis instead of waiting for the results on a quarterly basis or something in that area.

To be on top of it, I think you have to be in constant contact with industry today and follow the layoffs. Where there is a possibility of layoffs occurring, you should be right on the ball so you can perhaps provide better assistance to those persons who are being laid off, or find them other employment without waiting until the last minute and have them waiting and waiting for jobs available.



**Ms. Roberts:** The affirmative action consulting service is not directly involved with making the link in terms of layoffs. It is involved with the promotion of women into nontraditional areas, which includes management, and it is focused at this moment on women who are employed, as well as those who are being recruited.

**Mr. Haggerty:** What contacts do you have with the BILD program the different ministries have, particularly in job retraining for women in the work force? In particular, if one looks at the nuclear industry in Ontario, perhaps there are many opportunities there for women. If they were trained in the right field, those positions could be filled by women, instead of bringing in people from Europe to fill those positions here in Ontario.

**Ms. Roberts:** Absolutely. We are very much involved in that area.

**Mr. Haggerty:** What are you doing in this area?

**Ms. Roberts:** The career counselling consultant is involved in that specific area in promoting training programs for women, developing programs, offering consulting assistance to agencies, community agencies and educational agencies that are providing training for women in this area, working directly with women clients and working with the federal government on its training programs. There is a great deal of work to be done.

**Mr. Haggerty:** When you talk about the federal training programs provided in Ontario, they relate more to the male than to the female.

**Hon. Mr. Elgie:** What does that mean? In the federal government training programs? Funding arrangements, there is a larger subsidy to encourage women to go into those nontraditional skill training areas.

**Mr. Haggerty:** We do not see it down in my area for sure. It is not being passed on through. It is interesting that you would draw this to my attention.

**Hon. Mr. Elgie:** I am glad I did because you should know those things. Are you really suggesting the Canada Manpower placement service throughout Canada is not working? Is that what you are saying?

**Mr. Haggerty:** I kind of sense that. There is the feeling we are not getting through to the right retraining programs for both sexes. I am thinking of my visits to three industries not too long ago. They have a computer there, a numerical milling machine. I was talking to one

of the persons who was operating the machine, a woman, and I said to her, "How do you enjoy this type of work?" She said, "I find this great and fascinating." I said, "What did you do before this?" She said she was one of the nurses that got caught up in the surplus of nurses and went into this particular area.

The retraining program could be assisted by Canada Manpower in Fort Erie, but I think there are many opportunities in this particular area. Getting back to the nuclear side of it, I think of my experience on the Hydro affairs committee. There are many job opportunities in the nuclear industry, but they seem to be singled out more for males than for women. I look at the clerical staff where the majority of those employed are women. I think there are other areas in the nuclear industry in which there could be opportunities for women, perhaps in design, drafting and areas of technology.

**Ms. Roberts:** Yes, I agree.

**Mr. Haggerty:** You have failed in this particular area.

**Ms. Roberts:** No, I would not agree with that. The women's bureau has been working consistently and really extensively with Ontario Hydro. I would commend Ontario Hydro for its involvement at this point in the program. I believe they have taken it seriously and they are taking strategic measures that are making a difference.

**Mr. Haggerty:** They are taking measures, but they have not really done anything.

**Ms. Roberts:** They have indeed. They have moved women into nontraditional areas.

**Mr. Haggerty:** Give me some figures on what we are talking about.

**Ms. Roberts:** I cannot give you figures at this moment, but I would be glad to discuss that with you later. I would certainly provide those. I do not have Ontario Hydro's figures in front of me, but I do know they are involved in moving women into nontraditional work.

They had a pilot program this summer for students. They are beginning to encourage women who are on staff, as well as recruiting into the top technical jobs in terms of the craft or the linesmen's job—the lines persons' jobs, because we have been involved with their titles too. I would not like to see Ontario Hydro downgraded when they are one of the companies making some real efforts in this field.

**Mr. Haggerty:** The reason I bring it to your attention is that four or five years ago they had a bus down at the airport continuously driving

back and forth to Douglas Point to bring in people from offshore. I noticed there were women employed at Douglas Point, but they were involved in clerical work. They were not actually working in the industry itself as technicians. I think they could be used in that particular area.

**Ms. Roberts:** That is one of the affirmative action strategies we are now suggesting to companies in general. We are asking them to look at women who are employed in traditional areas and to encourage them and to provide training for them to move into nontraditional areas, whether in the plant or in the technical areas. We have suggested to them to instigate their own transition process to encourage those women to move out and to provide helpful means for them to do that. That is one very definite affirmative action strategy right now.

**Mr. Haggerty:** I would like to see some definite results from Ontario Hydro in the particular area we have been discussing. Possibly you could put it in a letter to me and perhaps I can follow it up some other time.

10:30 a.m.

**Ms. Roberts:** Sure, I can do that.

**Ms. Bryden:** Have you considered contract compliance legislation as a means of speeding up the adoption of affirmative action programs throughout the private sector? I know this is done in the United States as part of their equal opportunity program for women and handicapped people.

**Hon. Mr. Elgie:** I do not think Ms. Roberts can answer that. I think you have to know the government's policy with respect to the private sector. We encourage voluntary efforts to induce it and to encourage women to enter nontraditional jobs. We have not, at least to this point, believed contract compliance was a tool we felt should be utilized.

Let us not kid each other in this room. There is a great concern out there amongst the employers about reverse discrimination. I know Alison Roberts will confirm this. I do not want to get into the argument about the pros and cons of it, because I happen to think there are legitimate and valid reasons for trying to redress historical imbalances. But the Bakke case and the Nathan Glazer view of society and so forth, that reverse discrimination is an evil on its own, is out there and there are conflicting views on that. To say there are not those views out there would be to deny the facts.

In the light of all these things, the government

is still persisting with its own affirmative action program in the public service. It is encouraging the private sector to become involved in its personnel policies to make certain they do not in some way exclude women. By the way, to do so explicitly, as you know, would be discrimination, and even to do so indirectly would be discrimination. It is also encouraging them to give serious consideration to affirmative action programs, and I think that is happening sometimes.

**Mr. Mackenzie:** Mr. Minister, if I could have a supplementary on that, has your ministry ruled out entirely the contract compliance approach? I know some of your own staff on occasion have told me that in terms of affirmative action programs the good guys are going to do it and the bad guys are not. That is what you are up against. If you are not going to couple it with affirmative action programs, you are really not going to make the kind of breakthrough you are talking about. I am really not sure you can use the reverse discrimination argument.

**Hon. Mr. Elgie:** Neither am I. I am just telling you what the real world is all about.

**Mr. Mackenzie:** Let me give you a practical example. I do not know any place where there are more grumbling or complaints about the possibility of women working than in the Stelco operation. I do not know how much the women's bureau had to do with opening that up.

**Hon. Mr. Elgie:** They were very actively involved in that.

**Mr. Mackenzie:** Yes, but a lot of the early pressure came from a group of women and from the fact that the local union decided to support them in the executive level in Hamilton. We got a lot of horror stories from individuals, companies and some of the workers themselves about what would happen when they moved more than the 17 women they had in the tin mill into the operation. That has not really been the problem in the plants. The only complaint I hear to this day is that if they are put on lifting or switching some of the heavy hot steel and if they drop it, there are problems. When the company does this on occasion, there will be the odd complaint from one of the fellows working with them that they do not necessarily have the strength.

They put them on some of the dirty jobs in that operation. Basically, there has not been any reaction from the guys in the shop. That is why I say I just do not buy the argument that you are going to run into in reverse discrimination or

whatever else you call it. I am simply saying I do not think affirmative action is going to work across the board. It is going to be very selective where it works. That is why I am really wondering about it because I know some of your people have not been adverse to contract compliance. I have had it raised with me.

**Hon. Mr. Elgie:** I just repeat the government policy at present is to support voluntary endeavours. It will not consider contract compliance at this time.

**Ms. Bryden:** Are you satisfied with the rate of progress you are making in getting companies to adopt it?

**Hon. Mr. Elgie:** We always want perfection. I am just outlining the problems we are seeing, the realities out there and, in spite of that, our continuing efforts, both in the public sector and the private sector, to carry on the programs, as we are doing. I do not see any shift in that policy direction, except to indicate that our ministry is continuing to be as vigorous as it can in encouraging the private sector to become involved in the affirmative action program.

**Mr. Mackenzie:** What do you see as the problem in contract compliance?

**Hon. Mr. Elgie:** I have already indicated one of the issues, although you may not agree with it and although I may have some concerns about it, is the Bakke case and the reverse discrimination argument. You can shake your head, but there are some firmly held views about those. You know that a contract compliance program on a nationwide basis is a little different to one on a provincial basis. The other aspect of it is to think about whom you are hitting and affecting and what you are doing. We are talking about government contracts only.

Let us look at automobiles alone. Are we saying the local dealer, who has nothing to do with an affirmative action program of one of the main automotive producers, should be affected in government purchasing? Are we saying that? Are we saying the auto parts producers should be affected, even though they may have no personnel policies that discriminate against women? Are we saying they should be influenced in government purchasing because of an automotive manufacturer's dilatory methods?

**Mr. Mackenzie:** I certainly think everybody under this contract should be affected by it.

**Hon. Mr. Elgie:** I mean there are a lot of problems and a lot of people are affected who are the innocents. Those are problems we have to look at.

**Ms. Bryden:** The survey Ms. Roberts mentioned of about 300 companies showed that only about one quarter of them have affirmative action. Has the survey been published?

**Ms. Roberts:** Oh, yes. That is available.

**Ms. Bryden:** I would appreciate it if you would send me a copy.

**Ms. Roberts:** I had mentioned a survey conducted of those employers who had had no contact at all with the women's bureau, but that was a control to the original survey of the 309 employers who had had contact with the bureau. Of that group, there were 136 responses. Of the 136 responses, there were 65—just under half—who indicated they were involved.

Again, there may well be others who did not respond, but that is our one clear indicator of that. We are ready to do another survey this year and we have plans to pull in a greater response rate. We should get a clearer picture this year.

**Ms. Bryden:** I think perhaps the minister should risk the problems of reverse discrimination, see what happens by trying some contract compliance and then, if necessary, meet the challenge by adjusting programs. You can use different legislation if you do run into a reverse discrimination situation, where the law will not permit you to go ahead with affirmative action in correcting historical deficiencies of the past.

**Hon. Mr. Elgie:** You know that in Bill 7 the Ontario Human Rights Commission is given the power to approve of private sector efforts and special programs to attempt to redress historical and chronically disadvantaged groups in society. In terms of the government giving the commission the authority to approve those things, it is there. But in so doing we also had to give individuals—and we feel we are obliged to and that it is right to do it—the right to have an appeal from such a decision by the human rights commission because of the concerns of reverse discrimination.

You and I may not want to pretend those are real concerns, but privately there are many people, even within the trade union movement, who have concerns about reverse discrimination. It is not a public position and it may only be individuals who privately say that, but it is something on people's minds.

**Ms. Bryden:** Moving on to affirmative action within the public service, I think the latest report on the status of women crown employees is the 1979-80 report; at least that is the latest



one I have. When do you expect to get some extra figures that might indicate what progress has been made since March?

**Mrs. Speakman:** It is being prepared right now. It normally is tabled about the end of December, but I have just arrived on the scene so I am getting it prepared. It will be tabled early in the new year and that will be the 1980-81 report.

**Ms. Bryden:** Do you think it shows any real progress over the 1979-80? Have you had a chance to review it in comparison to that?

**Mrs. Speakman:** I have not gone into a great deal of detail yet, but there are some areas where gains are still being made. In senior management, for example, we have increased the percentage of women, and there is greater participation by women in the higher salary levels. So progress is being made.

**Ms. Bryden:** But perhaps at a snail's pace. That is certainly the pattern if you compare this report to last year's.

10:40 a.m.

**Hon. Mr. Elgie:** You say at a snail's pace, but let us not forget that the size of the public service is not growing. These advances have been made in spite of the relative status quo in the numbers in the public service and not only on the basis of attrition. I think a great deal of diligence and effort has been put forth to recognize people who legitimately deserve those advances in position. In the face of no growth in the public service, it is quite an achievement and one not deserving of criticism.

**Ms. Bryden:** Do you have targets set for each ministry?

**Hon. Mr. Elgie:** Yes, we do.

**Ms. Bryden:** Are they being monitored?

**Mrs. Speakman:** Yes, they are. They are planning targets based on underrepresented classes, that is, areas where women represent less than 30 per cent of the particular class or group. We have a semi-annual report from each ministry on the progress it is making towards achieving those targets.

So far the picture is looking very good for 1981-82, especially in the accelerated career development area, of which I take a long-term view. Already we have met over 80 per cent of the targets for the full year. A lot of progress is being made there which will not in the current year make a big difference to the statistics you are talking about, but over the long term will contribute to a better pool of women qualified to progress.

**Ms. Bryden:** Do you still support the very modest target of 30 per cent in all modules by the year 2000?

**Hon. Mr. Elgie:** That is not a cap or ceiling.

**Ms. Bryden:** No, I agree. I think it is a very modest one. I understand that in his report the Provincial Auditor considered this target to be unrealistic for some ministries or some categories.

**Mrs. Speakman:** I understand from the report that he felt it was perhaps unrealistic in that the target was perhaps too high in some of those areas where we have a very small representation of women. But those targets were developed on a progression basis, looking at current availabilities of women and projecting by the year 2000, if that trend continued, what we could reach. We thought 30 per cent seemed reasonable. As the minister says, that is not a maximum; that is a minimum we hope to achieve.

**Ms. Bryden:** You are not necessarily going to abandon that target then. Perhaps you hope to reach it before the year 2000.

**Hon. Mr. Elgie:** Those targets for each ministry are revised annually and are assessed on a semi-annual basis. Is that not so?

**Mrs. Speakman:** We look at the results semi-annually. I will say, however, that we have had only one full year of targeting for all ministries. The 1980-81 report will indicate for the first time the results of one full year, but we feel it will take two or three years of targeting consistently to see if the ultimate goal is realistic or should be modified. We are still in that planning stage.

**Ms. Bryden:** I hope you also looked at the possibility of acceleration.

**Mrs. Speakman:** Yes, of course.

**Mr. Mackenzie:** Pardon me just for a moment. Could you do a breakdown of the categories, working downwards from what would be considered the very senior positions?

**Hon. Mr. Elgie:** Is this 1980-81 you are talking about now or something else? What did you mean? The 1979-80 report or up to date?

**Mr. Mackenzie:** Up to date really. As a matter of policy, if you are looking at a module, do you break it down? For example, in the auditor's report there is reference to the law enforcement category—that may be a poor one to select because the ratio is very low, but I am not picking it for that reason—in which there are 4,012 male employees and 76 female employees. In that case women represent 1.9 per cent of the complement.

Do you break down the categories between the 10 or 12 very senior positions and the lesser positions in this and the other cases? If we wanted to know the percentages of women in each of the modules or categories and how close to 30 per cent you were getting, as well as the percentage of women in the senior management positions, would we be able to get that kind of information?

**Mrs. Speakman:** Yes. In the annual report there will be a breakdown of percentage of females by category, which is bargaining unit; by module, which is management and excluded positions; and also by senior management positions. There is also a complementary table on salary distribution which will give you a different indicator. All that is available in the annual report.

**Mr. Mackenzie:** How does the picture look with respect to gains we are making in percentages in the general classification as against the senior management classification?

**Mrs. Speakman:** I can give you some of the figures.

**Mr. Mackenzie:** Are we doing better or worse proportionately?

**Mrs. Speakman:** Better or worse in the higher levels than in the lower levels?

**Mr. Mackenzie:** That's right.

**Mrs. Speakman:** I think the greatest gains have been made around the middle. For example, in the administrative and professional areas, we have had some significant gains. In the very senior jobs we have increased the participation rate of women up to 6.6 per cent of the total. That is gradually increasing at a time where the senior jobs were reduced by about 100.

**Mr. Mackenzie:** How does that six per cent compare to what we had a year or two ago?

**Mrs. Speakman:** In 1979, 5.1 per cent of the jobs were held by women. As of September of this year, it is 6.6 per cent. However, we have reduced the total number of jobs available in that time by 33. So, in fact, we have made a considerable gain in spite of the reduction in the number of jobs. That is significant and should be recognized.

**Mr. Mackenzie:** It will be interesting to take a look next year at the 6.6 per cent and see where we stand in the same category.

**Ms. Bryden:** Do you accept the Provincial Auditor's suggestion that the women crown

employees' office is duplicating the work of personnel branches in each ministry, or do you think you have quite distinctive roles?

**Mrs. Speakman:** I think it has been accepted and recognized that the government will have a separate affirmative action program for as long as that is necessary. I think Mr. Armstrong's response to the Provincial Auditor indicated that.

**Mr. Armstrong:** Yes. You will have read in the response, Ms. Bryden, where I said, in effect, that so long as it was felt that a special concentrated, determined effort was needed in this field, to merge the activity with the ordinary personnel branches would not give the appropriate emphasis we feel is necessary at this point. I rejected, I think categorically, the suggestion of the Provincial Auditor that the program should be somehow diffused and melded with the ordinary personnel practices.

**Ms. Bryden:** How many women's advisers do you have full-time this year compared to last year?

**Mrs. Speakman:** I do not have that statistic with me just now, but I think the number of full-time advisers is increasing. I will have to check that and let you know.

**Ms. Bryden:** Perhaps as well you could give us the figures on the number of part-time advisers and which ministries have full-time and which have part-time. If you are going to maintain a distinctive program, you have to have people whose main responsibility is to carry out the affirmative action program, not to have half a dozen other responsibilities, as happens in some ministries, I understand.

10:50 a.m.

**Mrs. Speakman:** Some of the larger ministries, such as Health, have not just one program manager but a staff of affirmative action people full-time. In the smaller ones the numbers are very small and the work is still done on a part-time basis. For example, in Intergovernmental Affairs I believe there are only about 50 women in total. The responsible individual there works two or three days a week on affirmative action and some of her time in other areas.

This is being looked at too. As the program increases and the involvement increases, the number of full-time managers increases.

**Mr. Chairman:** Ms. Bryden, since this is the second day of your questioning, I wonder if you

would allow Mr. Haggerty, who is substituting for Ms. Copps, some time to question before we proceed to some of the other votes.

**Ms. Bryden:** I was not going to be very much longer. I just have two other areas. One is the question of VDTs. I suppose this comes under occupational health partly and I think you have probably dealt with it to some extent. It is becoming a very important aspect of a lot of clerical jobs these days. I do not think we know entirely what effect constant exposure to VDTs will have on peoples' health and on women who are pregnant or in the child-bearing years. I would like to know what special programs your ministry is undertaking to study the effects and to bring in some regulations perhaps that might control or limit the exposures to which women employees, particularly, are subjected.

**Mr. Chairman:** That would be under vote 2404, the occupational health and safety program, wouldn't it?

**Hon. Mr. Elgie:** I have no problem in discussing it here. From having seen some of the reports throughout the country, including reviews, for example, of the Saskatchewan occupational health and safety division, it is my belief that there is no evidence to substantiate a view that there is any health hazard from the point of view of ionizing or nonionizing radiation. You may or may not recall that we have done our own testing in that area for one of the newspapers. It was the Toronto Star, wasn't it?

**Mr. Armstrong:** Both for the Toronto Star and the Globe and Mail.

**Hon. Mr. Elgie:** Our findings in those two cases were in line with the findings of other jurisdictions. But I think the issue you are addressing is not the ionizing and nonionizing radiation aspect of it but the ergonomic aspect of it.

Some months ago I asked the Advisory Council on Occupational Health and Occupational Safety if it would set up a special task force to look into the ergonomic aspects of VDTs, that is, the nonhealth hazard effect related to radiation. Fraser Mustard will be here at two o'clock to talk about this, as we have agreed. I understand that task force has been selected, although I do not know at what stage they are right now.

**Ms. Bryden:** That is a good first step.

**Mr. Armstrong:** There is an additional aspect that I think is pretty relevant to this vote, namely, the concern expressed by the Ontario Public Service Employees Union and certain

individual women crown employees, which resulted in the Civil Service Commission agreeing to establish a joint union-management committee to deal with the problem of VDTs.

That committee was agreed to in the last round of negotiations, so it is well founded and is now in operation. They are supported in their activities by the women crown employees' office, by Mrs. Speakman and by the occupational health and safety division of our ministry. We hope that some useful work will come out of that activity as well.

**Ms. Bryden:** That would cover the public sector, of course, but we may also need amendments to the Employment Standards Act for the private sector, if there are limitations required on exposure and things of that sort.

I have just one final question that will not take very long. I am sure the minister is well aware that this party has been advocating equal pay for work of equal value for many years and has brought in bills and so on. I did want to remind the minister of a promise he made last November when the NDP bill providing economic equality for women was being debated and when he and a number of other Conservative members blocked a vote on it.

Mr. Minister, you did say you thought the present equal pay law was too restrictive when it confined the comparison of jobs to those in the same establishment. I am sure you will recall that. You also said at that time you thought you would be able to bring in an amendment "removing this restriction and making other improvements in the act in the near future." I am quoting.

We have had a year since then, and while you may say our party does not think the present equal pay law is adequate, we certainly think it is better than nothing. We think it could be improved by removing that restriction on jobs in the same establishment. It would then be possible to get more awards under that law for women who bring claims that they are being discriminated against. We still think the number who are able to make use of the law is minimal and, therefore, it is not really an answer to equal pay for work of equal value. It is better than nothing, but we would like the minister to bring in that improvement in legislation he promised.

**Hon. Mr. Elgie:** First of all, I do not think the remarks we heard yesterday from the director of the employment standards branch indicate there is just minimal evidence of the effectiveness of our present equal pay laws. Indeed, I think we are seeing evidence of a ministry and a



government that are more active in that area than any other government in this country. I do not want to let this opportunity pass without confirming that commitment, which has been lived up to and which is paying, I think people would agree, a great dividend. I have also said here today that we are seriously looking at some amendments with relation to the composite index issue. I am not prepared at this time to discuss any policy determination. Along with that will be other aspects of the issue of equal pay.

**Mr. Mackenzie:** Does that mean, Mr. Minister, the suggestions you made a year ago are still in the works and that we might not have to ask you the same questions a year from now?

**Hon. Mr. Elgie:** I will see in a year from now. We will know then if you will have to ask them or not.

**Mr. Mackenzie:** I notice you are getting very adept at that old adage, the best defence is offence, every time you are asked a question. It is a little bit touchy, but we did have that kind of a statement a year ago.

**Hon. Mr. Elgie:** If I was sitting with you, I would probably be more adept at being aggressive and on the offence.

**Ms. Bryden:** Maybe we have to wait for an election year.

**Hon. Mr. Elgie:** I am not saying I would like to try it, but it is interesting to learn from experts like yourself who are never on the defensive, always know the right answer and always know the direction to take.

**Mr. Mackenzie:** It is a perfect example of just what I am saying.

**Ms. Bryden:** Mr. Chairman, I think I have taken up quite a bit of time of the committee and I thank the minister.

**Mr. Chairman:** Thank you for your co-operation, Ms. Bryden, too.

**Mr. Haggerty:** In the minister's opening statement he mentioned that the bureau opened a northern office in Thunder Bay to meet the particular information and resource needs of women employees in this important part of the province. A 1978 study, entitled Industrial Assessment Project, shows there is a severe shortage of skilled tradespeople in northwestern Ontario. What programs has the government, specifically the women's bureau, set up to train women for these nontraditional occupational jobs?

**Hon. Mr. Elgie:** You know the bureau does not set up training programs. That northern office, I might say, has been very well received in the north, as it should be. Maybe Alison Roberts would comment upon that.

**Mr. Haggerty:** Surely you must be doing something more than just an information centre.

**Hon. Mr. Elgie:** In that statement we discussed the activities of the women's bureau in its effort to encourage women and how it is actively involved in efforts to get women into nontraditional jobs. Your specific question related to activities now underway as a result of the new office in the north.

11 a.m.

**Ms. Roberts:** Those activities include support for those pre-trades training programs in Confederation College and the introduction to nontraditional occupations courses for women. There is support for the program and development of new trades training programs. That is how the bill operates with this kind of event; it is to provide assistance to those who are developing programs for training as well as to work with the women in the community.

One of the problems is the single-industry towns. While the office has only been open for three months, the officer there, for example, is spending some time on a project in Marathon where she is assisting women there to think about nontraditional work where they had not thought of it before. She is working with them pretty closely so that they will begin to develop another attitude towards that kind of work. Then the next step will be to make the link between them and the training available, and then the link between that training and employment. So there will be that kind of action in that section of the province.

**Mr. Haggerty:** Two years ago I asked the Minister of Colleges and Universities (Miss Stephenson) where the \$242 million was to be spent in the colleges in job retraining for Ontario. To this day I do not think I have received a reply, though she promised it. I believe it was to be for a three-year period, so perhaps this year it may run out. Could you tell me in this program in Thunder Bay how much money is being funded for job retraining in the colleges up there? What amount are you spending in that area?

**Hon. Mr. Elgie:** We are not spending any. That is Colleges and Universities.

**Mr. Haggerty:** Surely you should know something about it. Should not somebody in either the Ministry of Labour or the Ministry of Colleges and Universities be able to provide members here with the information we are talking about. What amount are you spending in that area? You should have some figures there, should you not?

**Hon. Mr. Elgie:** Do you mean the budgetary figure of another ministry?

**Mr. Haggerty:** That is right. I mean are you spending \$15,000, \$20,000 or \$30,000?

**Ms. Roberts:** No, I do not have access to that information. We can get it.

**Hon. Mr. Elgie:** We will give you whatever is available to us if there is no reason why it cannot be released. We will certainly look into it.

**Mr. Haggerty:** Surely, Mr. Minister, when you are talking about programs, we should know what the expenditure is in this area. Even your ministry should have that. How many persons are enrolled in it, for example? You tell us of a program, and we on this side hope it is a good program and is going to do the job it is intended to do, but we have no figures on what the allotment or the expenditure is or how many persons are enrolled in such a program, particularly as it relates to the women.

**Ms. Roberts:** Yes, we do have those figures and we can provide those as well. We know how many women, but generally it is on a provincial basis. We maintain them on a provincial basis rather than on the 18 community colleges separately. We know, for example, that in this province there are more than 1,000 women enrolled in that pre-trades training program to which I have referred several times. We know the numbers of women who are enrolling in technical and technicians' courses and we know engineering courses and so on are increasing in community colleges. We know the number of courses offered that are attended by men only are decreasing. We do maintain very clear statistics on that and we would be happy to make them available to you.

**Mr. Haggerty:** I know from Niagara College that a great number of women are coming out of retirement and going into retraining programs or are looking for a new training program for new job opportunities. But in remote areas in northwestern Ontario what is available to the women? What is available in Thunder Bay, Marathon, Schreiber and all those places up there where perhaps they have to travel 200 or 300 miles to go to a college in Thunder Bay.

**Ms. Roberts:** That is right. No doubt that is a problem. I would hope the new technologies are going to be able to answer some of that difficulty and bring that kind of training right into remote areas.

**Mr. Haggerty:** Could it be found in other areas of the educational system? Could it perhaps not be provided in remote areas through the high schools? Colleges are not that accessible to a number of persons in northwestern Ontario. Have you come up with any measures to say these programs will be provided through the high schools?

**Ms. Roberts:** No, not at this point. Of course, all the options are explored all of the time. I do not know right now of particular community college programs being offered through high schools. That does not mean they are not happening; it is just that I am not aware of them. Certainly this is one of the functions of this new office, and I hope it will alleviate the problem of isolation to a certain extent. There is no doubt at all that the distance to travel and climate are difficulties women face in that northwestern region, as do all people.

The programs are available in Thunder Bay, Kenora, Dryden — the more major centres — but they are not available in Red Lake and other areas like that. One of the functions of this office is to make some connections. As far as providing the actual program is concerned, this bureau does not do that. It makes the link between people and existing programs and researches the need for new ones.

**Mr. Haggerty:** Can you come back to my original question about half an hour ago about monitoring these programs? You said it was done on a quarterly basis or six months or something like that.

**Ms. Roberts:** You are talking about two different programs.

**Mr. Haggerty:** This relates to women's opportunities, if I am not mistaken, to equal opportunity in employment, to put it that way. That would cover a pretty broad range in the minister's statement.

**Ms. Roberts:** Yes, that is the other aspect. As well as working with the educational community, the northern officer will be working, and is working now, with employers to promote affirmative action. She will have the full resources of the bureau to draw on as well. She will be making that connection, encouraging the promotion and hiring of women into nontraditional areas in those industries in the north.

**Mr. Haggerty:** Is a program available, say, around Timmins, Cochrane and that area, or have we not moved into that area yet?

**Ms. Roberts:** Between the Toronto office and the Thunder Bay office we are covering all the province.

**Mr. Haggerty:** That is a pretty broad area to be covering. I doubt you could get in there half the time even with that new jet you have for the cabinet ministers.

**Hon. Mr. Elgie:** The one we are going to save money with, do you mean? Time is money. Do you not agree with saving time and money?

**Mr. Haggerty:** There might be an opportunity to get women into building extended runways at airports up there to land that aircraft.

**Hon. Mr. Elgie:** Are you opposed to saving time and money?

**Mr. Haggerty:** I think time and money mean nothing to this government. In the fullness of time—that is the whole problem.

There is nothing available then to assist women in northeastern Ontario between Thunder Bay and Toronto?

**Ms. Roberts:** Yes, the resources of the bureau are available to all women in the province.

**Mr. Haggerty:** Do you have any offices?

**Ms. Roberts:** We have no offices, but we certainly visit there and speak and meet with women's groups all the time throughout the province. We do a lot of travelling.

**Mr. Haggerty:** There are offices available, I understand—the Northern Affairs office in certain communities in northern Ontario. That would be a good place where you might be establishing permanent offices and be more accessible to the people in northeastern Ontario, with very little cost involved. Have you considered that?

**Ms. Roberts:** At this point we have just opened the new office in Thunder Bay and we are working on that one.

**Mr. Haggerty:** I know it has only been there since about last September, but it shows just one thing. There is very little concern when you just opened an office in northwestern Ontario in Thunder Bay within the last four months. You should have been in there 10 years ago to assist towards equal opportunity in employment.

11:10 a.m.

**Ms. Roberts:** We have been there. It certainly does not mean we have not had anything to do

with Thunder Bay, Dryden, Kenora and that whole region. We have been there and now we are servicing it directly.

**Mr. Haggerty:** But all those services were made available in southern Ontario long ago.

**Hon. Mr. Elgie:** They have been available throughout the province, based in the city. Now there is another base for the north, but the service has always been available. That is what Ms. Roberts is saying.

**Mr. Haggerty:** How many other centres do you have in Ontario where you have offices available?

**Ms. Roberts:** We have an office in Toronto and in Thunder Bay.

**Mr. Haggerty:** Thunder Bay is the only place? There is no office in the Windsor area where there is high unemployment?

**Ms. Roberts:** But we go to Windsor, London and Sarnia, et cetera.

**Mr. Haggerty:** I thought the government was in a sense decentralizing many of its programs so it might be more accessible to the population in certain areas. I am surprised you do not have an outreach program available to all these communities on a full-time basis.

**Ms. Roberts:** We do have an outreach program and it does provide service to every aspect of the province. For example, I mentioned yesterday there were 10 Women in Trade associations that have been established through the bureau. Those are dispersed throughout the province, so we operate and offer resources to community agencies in communities throughout the province as well. Affirmative action consultants are dealing with employers throughout the province. The operation of the bureau is designed to meet the needs of women in Ontario, certainly not just in Toronto.

**Mr. Haggerty:** I know there is a district office in St. Catharines. There is no reason why more knowledge and services could not be provided through that. Niagara College and Brock University are there. Niagara College, particularly, is in a technical area, but I think you may not be reaching them. I do not think many of the women know the services are there.

The same thing could apply to Windsor where there is high unemployment. You could be working out of a college to encourage new opportunities and retraining in the area of technology.

**Ms. Roberts:** Let me mention two more points. First, there is the summer program



where the women's bureau places 20 students throughout the province. In St. Catharines, I believe, we had a summer student working with a community agency. As well, the advisory council on equal opportunity for women has conducted three regional meetings. I believe St. Catharines is coming up either in February or March this year. They have been extremely successful in making information available about the bureau and the affirmative action consulting service and in meeting with all community agencies. There have been meetings so far in London, Thunder Bay and Sudbury. St. Catharines and Kingston are coming up before the end of March next year. So there is a consistent relationship maintained with all of the areas and regions in the province.

**Mr. Haggerty:** As I said, it has not been noticeable that women are jumping on the bandwagon in the Niagara Peninsula to any degree. I think many of them may be getting more assistance in retraining through Canada Manpower. Those persons who have lost a job and been out of a job for a year, after taking that course through Canada Manpower—

**Ms. Roberts:** Perhaps sometimes our involvement is indirect, which is just as effective, I would point out, and perhaps more efficient, in that we do deal with the staff of Canada employment centres.

I will be speaking next month in Chatham, through the Canada Employment and Immigration Commission, to a group of employers who are dealing with the Canada employment centre there and in the Woodstock area. We do interact with other ministries and with other government agencies in reaching both the women and the employers.

**Mr. Haggerty:** What success have you had to date? How many women have been enrolled in the type of program you are promoting?

**Ms. Roberts:** Which program?

**Mr. Haggerty:** Give me any programs you have. There are different categories.

**Ms. Roberts:** All right. If you are talking about women enrolled in training programs of various types in community colleges, as I indicated earlier, I can provide that kind of figure to you. Those are available. I do not have them in front of me, but I would be glad to make them available to you.

**Mr. Haggerty:** That is one of the things that is difficult in committee here. We do not get the information we are looking for in order to compare just what success you do have in these

particular areas. You provide the information two or three weeks after the committee has gone through its estimates and adjourned perhaps for another year. We have to wait another six months or eight months before we can come back and try to follow up on just how successful your programs are. The members of the opposition would like to judge how successful this program is, but it is difficult to get the information.

**Ms. Roberts:** All right. Let me give you one set of statistics then, Mr. Haggerty. The number of women enrolled in technology courses in community colleges in 1976 was 1,386; by 1980 there were nearly 2,300 women. So there has been—

**Mr. Haggerty:** A substantial increase.

**Ms. Roberts:** —a substantial increase in the numbers of women in those four years. There are other figures, as I say, available in that kind of thing as well, if that is what you are looking for.

**Mr. Haggerty:** That gives us something to look at here. When I look at the difference in the figures of about 800 persons, then I know you do have a problem with job opportunities for women. There is a need perhaps for more involvement in retraining. Are we spending enough money in this particular area?

**Hon. Mr. Elgie:** The training money is federal money and, as you know, the funding of the training slots is under their control. When we get to the discussion of plant closures, you probably know that in the Schick closure, for example, we did have a pilot project going which involved the employer, ourselves and the federal government in conjunction with the Ministry of Colleges and Universities.

It provided a new type of service, namely, counselling, which has not been available through the traditional manpower adjustment committees. They play primarily a placement or job search committee role. But the new addition was counselling of people who wished it with respect to their own retraining possibilities and job opportunities for those new skills they might or might not acquire. The federal government, in conjunction with that project, did fund and provide training positions and retraining positions for people.

I have met with the Minister of Employment and Immigration and we are expanding that pilot project concept into a larger area now. We will again be putting up money for the counselling end of it. The federal government has agreed—at

least for this term, and I hope it is an agreement that will continue into other years; we do not have that assurance yet—to provide extra funding for training slots for those people who are counselled and wish to retrain or upgrade themselves.

I think that is an important new addition to the area because it adds the counselling element.

**Mr. Haggerty:** I appreciate those comments in which you are suggesting a new area there, particularly the area of counselling those persons who have been laid off. On this particular subject of counselling, have you noticed or have you had any problems brought to your attention on the serious impact on a person who has worked in industry or worked in a job for a period of 20 or 27 years and, all of a sudden, gets a notice of layoff and his service is no longer required? Have there been any studies done in the area of the psychological impact it has on that person?

It was brought to my attention when I was asked to come here and fill in for Ms. Copps—and I was looking for this information—concerning a chap who was laid off at the International Nickel Company in that massive layoff in 1977 at Port Colborne. He had worked for 27 years and had three to go before he would get a pension. Then he got notice of layoff—

**Mr. Chairman:** Can I ask you, Mr. Haggerty, what does this have to do with this particular vote item on women's programs?

**Mr. Haggerty:** I am just following up the comments of the minister who said they had counselling.

**Hon. Mr. Elgie:** You asked about counselling, and that also applies to women who are laid off.

**Mr. Haggerty:** Yes, that is right. The point I am coming to is there is another area of occupational disease, you might say, that affects a person's mind and his capability. There is the age factor, the years of service a person has put into the industry in employment when, all of a sudden, he is laid off. Some persons just do not get over that. It is quite a setback to them. It has a serious impact on the family lifestyle. Sometimes it becomes a functional overlay in the sense there are no job opportunities available.

11:20 p.m.

I am sure it can have some relation to both sexes in the employment sector. I suggest it is an area in which the government, particularly the Ministry of Labour and even the Workmen's Compensation Board, will have to make a

complete review or examination of this particular area. I think it should be considered as an occupational health hazard in a sense. Some of them just do not get over it. It is quite a shock to them.

**Mr. Chairman:** I would imagine all of these estimates deal with both sexes as how it affects them both psychologically and emotionally. But I just wondered if the women's bureau and the representatives of the ministry, in terms of services to women and the affirmative action, would be of any service in answering your particular concern. I cannot see the relationship here.

**Mr. Haggerty:** I think of Talon Industries that shut down in St. Catharines. Both sexes were employed there, and I have heard some comments that some of them never got over it. They thought they had job security and, all of a sudden, the rug was pulled out from underneath them. There they are, set up, buying a new home and having mortgage payments to meet.

**Mr. Chairman:** That is something we could consider under vote 2405. I think we could develop this. Perhaps we could proceed now and carry this particular section.

**Mr. Haggerty:** I just wanted to bring it to the attention of the minister when he was talking about consultant services. I think it is an area that should be extended. Probably some of his staff have encountered some of the comments I have brought to the attention of the ministry and staff here. There is a problem area there and it should be looked at and considered by the Ministry of Labour, particularly in relation to mass layoffs.

**Hon. Mr. Elgie:** In the particular case you raised of Talon Industries in St. Catharines, you are not suggesting the government did not make every effort and follow every possible route to keep that company going?

**Mr. Haggerty:** I know this government did follow that route. I have to commend the government for taking the stand it did on that. If I can throw it back at my federal counterparts in Ottawa, it was a disgrace in this particular area. There was no assistance—

**Hon. Mr. Elgie:** The best answer to the anxiety that flows from a layoff is improved opportunities for employment in this country. That is another issue.

**Mr. Haggerty:** No, but there is a problem area in this thing.

**Hon. Mr. Elgie:** I would not be surprised about feeling anxious if I lost a job and neither would you if you did. I would be surprised if you were not anxious about it. That will have secondary effects on you, depending upon your own temperament, nature and capacities and upon the responsibilities you have to others. What we are talking about is, what is the best solution to that? The best solution is employment. Let us not get into that because that is an area on which I can express some views.

**Mr. Haggerty:** I am sure the minister can.

**Mr. Chairman:** Mr. Haggerty, I know a number of our committee members would like to dwell on some of the other items, plant closure and review. Mr. Bob Joyce is here, and I know Mr. Mackenzie had indicated on a number of occasions he would like to question both the minister and Mr. Joyce in this area.

Could we proceed? If there are no further questions on women's programs, can we carry these three items? We have spent two days, as agreed earlier, on the occupational health and safety program. Perhaps we could proceed with this vote and continue on to vote 2405.

**Mr. Mackenzie:** I have no objection to going on to that vote in just a moment. I do have one or two quick questions. You can do the votes on health and safety, right after it, if you want to get it out of the way.

**Mr. Chairman:** As long as you realize, Mr. Mackenzie, we did agree in committee to skip a number of votes to go into occupational health and safety. We spent two days on it on the premise we would not continue on that particular vote unless there was a question or two for five or so minutes. It is for your advantage. We often find ourselves in the last half hour of the estimates with four or five votes on which committee members would like to address questions to the minister, and the time just is not there.

Rather than allocating time for particular votes, we were quite flexible. It is up to the members of the committee just how much time you would like to leave yourselves to deal with some of the other very important issues. You have raised some yourself, Mr. Mackenzie. The agreement was that we would spend two days on occupational health and that time has been exhausted. If you want to address one or two short questions, fine—just as long as we do not go for another hour.

**Mr. Mackenzie:** I probably could have done it in the time it took for the lecture I have just had from the chairman.

**Mr. Chairman:** Do you have a question on the women's program?

**Mr. Mackenzie:** Yes, I do.

**Mr. Gillies:** Do you have to take so long about it?

**Hon. Mr. Elgie:** Will you hurry up with your questions and stop wasting time?

**Mr. Mackenzie:** I have two quick questions. In the Ontario Federation of Labour reports, under women's committee report, they dealt with the successful outcome of the efforts before the human rights commission in dealing with Fleet Industries in Fort Erie in the matter of their discrimination in not hiring women, and they noted that some conciliation was taking place between the women, their union and the company. Do you have any update or report on what has happened in this case?

**Ms. Roberts:** No, I do not have an update. You probably know as much or more than I do on that particular subject. We had discussions with the women, of course, during that whole process.

**Mr. Mackenzie:** Can you very quickly tell us what role you played in obtaining access to Stelco for women workers in the industrial sector?

**Ms. Roberts:** Two of the women who initiated the case with Stelco came first to my predecessor, Marnie Clarke, and discussed that with her. I believe she directed them to the human rights commission. We have since had a considerable number of meetings with Stelco management and have assisted them in the sense that, as you say, the men there have accepted the women entering the plant. We were involved in discussions on workshops on how information could be dispersed to the men on the kinds of things to expect, and we are still working with Stelco on that whole issue.

**Mr. Mackenzie:** Were you involved at all? If you were, obviously you are not getting credit for it from the women involved or anybody else who was engaged in that battle with Stelco to get them to make the move in the first place. Most of the arguments put forward were exactly what we are talking about, the expected adverse reaction from the men, but by and large, that has not been the case.

**Ms. Roberts:** Yes. I am acknowledging that has not been the case and I am saying that we



did work with management consistently, as we did with many other companies, and offered assistance in the ways and means in which the problems could be anticipated and pre-empted.

**Mr. Mackenzie:** About a year and a half ago one of our researchers asked if you had a breakdown of women employed by the industrial sector and whether or not that information could be tabled.

**Ms. Roberts:** No. It is a difficult number. Really, we can only estimate the numbers of women who are directly involved. We can do some more research on that, or I can make some inquiries to provide the information you want.

**Mr. Mackenzie:** This is a question I was asked to raise because one of our people was told that you were going to do a breakdown of women employed in the industrial sector. I can see the reason for asking for it is so that it could be tabled. I take it that there has not been a breakdown of the number of women employed by the industrial sector.

**Ms. Roberts:** Not at this time.

**Mr. Mackenzie:** Finally, Mr. Minister, I have to say that one of the biggest differences between the approach of your ministry and our thinking is in this field. I wish you would put the matter back in the hoppers. While you may not dispense with the affirmative action program, we have a very strong feeling that you are not going to couple it with contract compliance and another look at the equal pay for work of equal value principle. I really do not think it is as difficult a matter as you say. However, it seems that we will merely creep along.

We do not see the affirmative action programs as the real key to making a breakthrough in the differences we have. This is particularly so in the matter of wages, where we have moved very little, and in the numbers of women in key positions.

11:30 a.m.

**Hon. Mr. Elgie:** The women's bureau has put out a booklet. What was the title, Ms. Roberts, of the job evaluation booklet?

**Ms. Roberts:** An Approach to Bias-Free Job Evaluation Procedures.

**Hon. Mr. Elgie:** The recommendation that came out of the National Academy of Sciences in the United States was for that sort of approach, that efforts be made by companies to look at job evaluation schemes which, as much as humanly possible, are free of sex bias. The response to that has been very good. Do you have the figures, Ms. Roberts?

**Ms. Roberts:** Probably we have distributed about 3,000 of those booklets. We will be into another printing shortly.

**Mr. Mackenzie:** That is really just a PR job. This is not a new position for me. I also had it confirmed by one of the previous directors of the women's bureau that if you do not put the two of them together, you will make only so much progress.

**Hon. Mr. Elgie:** I have no further comments on that.

**Mr. Armstrong:** Mr. Mackenzie raised the matter of Fleet Industries. I just might say that the briefing note I have indicates that there were eight complaints filed under the Human Rights Code. The briefing note also indicates that the conciliation has been intricate and difficult and that if a resolution was not forthcoming, the commission intended to deal with the matter at its meeting on December 15. You might want to return to that when Dr. Crittenden and George Brown are here.

**Mr. McClellan:** Just out of idle curiosity, does the women's bureau have any projects under way that have to do with the need for day care? This may have been covered, and if it has been covered, please tell me. As well, do you have any programs or projects going to foster work place day care?

**Ms. Roberts:** We have produced this year a background paper on work place child care which I will certainly be happy to send you. It has also had wide distribution.

**Mr. McClellan:** Can I just stop you there? I assume that the paper advocates work place day care and provides information as to how employer-employee groups might go about setting it up. Have you made this available to the Provincial Secretary for Social Development (Mrs. Birch)?

**Ms. Roberts:** I am not sure at this point. It may well have been, but if not, it will be made available to her.

**Mr. McClellan:** Back in 1974 the provincial secretary promised to establish day care for Queen's Park employees who work in this building and in the buildings adjacent to the Parliament buildings. I do not say this facetiously, but over the course of the last year and a half we have lost a number of very valuable employees in our own caucus because there is no day care in the vicinity. My own assistant was off for 12 months. Eventually she was able to find adequate day care and come back to work, but

other people lost skilled, valuable workers simply because there is no day care available to our employees here.

It strikes me as the height of hypocrisy—and I am addressing my comments to the ministry, not to the women's bureau—for the government to be involved in a program advocating work place day care and not to have anything available for its own employees. Without belabouring the point, can I ask the minister to convene a meeting of appropriate colleagues in the cabinet to look again, with the assistance of the women's bureau and of people from the Social Policy Secretariat, at the possibility of establishing a day care facility for our own employees here at the Queen's Park complex?

**Hon. Mr. Elgie:** I cannot believe that the policy field has not received a copy of that paper; I believe they did. I certainly will have no problem in drawing it to their attention again and indicating that it is a direction that we see as important.

**Mr. McClellan:** I am asking for a little more than that. I am asking you, as Bob Elgie, to sit down again with Margaret Birch and those of your colleagues you feel it is appropriate to meet with.

**Hon. Mr. Elgie:** I am prepared to review the matter with appropriate colleagues.

**Mr. McClellan:** Perhaps a number of us who have a real interest in that can liaise with you over the course of the next few months to see if we cannot somehow revive it.

**Hon. Mr. Elgie:** You want to go out to lunch too, do you?

**Mr. McClellan:** It does not have to be a lunch.

**Mr. Mackenzie:** We will pay for our own lunch.

**Mr. McClellan:** That is right. There is no free lunch.

**Hon. Mr. Elgie:** No bribes at all? You believe in the no-free-lunch theory, do you?

**Mr. McClellan:** Yes. Thank you, Mr. Chairman. We look forward to being able to record, when we get to the women's bureau in next year's estimates, that we have a day care centre in place at Queen's Park for our own workers.

**Mr. Chairman:** Thank you for raising this. I have to be neutral in my opinions, but I think it is a point that is well taken.

**Hon. Mr. Elgie:** That is not being neutral.

**Mr. Chairman:** Thank you for being brief.

Items 1 to 3, inclusive, agreed to.

Vote 2403 agreed to.

On vote 2404, occupational health and safety program; item 1, program administration:

**Mr. Chairman:** As I indicated to Mr. Mackenzie, we had an agreement that we would pursue this particular vote only very briefly, after having already spent two days on it.

**Mr. Mackenzie:** There is only the one question I had raised.

**Mr. Chairman:** If you could discipline yourselves, it would be appreciated. We will start with Mr. Mackenzie, followed by Mr. Haggerty.

**Mr. Mackenzie:** My question is one I have already asked. What we want is an updated scheduling of the toxic substances you were working on and the time frame that may come about. You have given us two very tentative dates in the past, Mr. Minister, and I would like to have an update on them.

**Hon. Mr. Elgie:** In my response to Ms. Copps, I gave a lengthy update on that, but I will be glad to bring all that together.

**Mr. McClellan:** In each of the last two years you have given us a breakdown.

**Hon. Mr. Elgie:** We went into great detail on that. I will be glad to bring it all together and provide you with it.

**Mr. Mackenzie:** Thank you. That is the only question I have.

**Mr. McClellan:** That is valuable information to have.

**Hon. Mr. Elgie:** Perhaps, Mr. Chairman, I could ask Dr. Robinson to comment on that because it is in her area.

**Dr. Robinson:** Mr. Chairman, I have a list of the toxic substances. I can give you the status of the substances which were listed as being dealt with in 1980-81. We have completed background reports on chromium, benzene, acrylonitrile, formaldehyde and styrene, and a project on toxic substance labelling and also on coke oven emissions. With the exception of coke oven emissions, those background reports are now being considered in the ministry for further action.

**Mr. Mackenzie:** Can I have those again, if you do not mind? I was hoping we would get a typed list.

**Hon. Mr. Elgie:** We can provide you with that.

**Dr. Robinson:** We can provide it as follow-up, but I can give it to you again.

**Mr. Mackenzie:** Okay. What are those items again?

**Dr. Robinson:** Chromium, benzene, acrylonitrile, formaldehyde, styrene, and toxic substance labelling.

**Mr. McClellan:** That will overlap with the 1979 list.

**Dr. Robinson:** Yes. Work still in progress with the 1980-81 list includes work on arsenic, aromatic amines and azo dyes, diesel exhaust fumes, cadmium, three chlorinated hydrocarbons—methyl chloroform, trichlorethylene and tetrachloroethylene—hazardous biological agents, and organic phosphorus compounds.

**Mr. McClellan:** Did you mention amines?

**Dr. Robinson:** I mentioned aromatic amines, yes, and azo compounds.

**Mr. McClellan:** Thank you. That completes the 1979-80 list.

**Dr. Robinson:** Yes.

11:40 a.m.

**Mr. Mackenzie:** You have completed them or you are looking into them or the work is in progress?

**Dr. Robinson:** The work is in progress.

**Mr. Mackenzie:** How far are we from seeing some gazetted?

**Dr. Robinson:** The procedure we are going through is, first of all, to establish adequate background documentation. Then we can base a decision as to whether further action is appropriate and, if so, what further action should be taken. It means we must complete the background reports, get our in-house review completed and perhaps take further advice before we then recommend that we go the designated substance route or take some other action.

**Mr. Mackenzie:** Mr. Minister, I see one of the problems we are having with this and it has driven us up the wall. To some extent, it is probably a little bit unfair on your ministry as well. Obviously there has been a lot more background work involved in all of them than we had ever anticipated—

**Hon. Mr. Elgie:** There is no doubt about that.

**Mr. Mackenzie:** —as well as the follow-up in terms of a new act and the regazetting procedures we went through. I still think the follow-up was not totally necessary. There was at least the feeling that these were not only the time frames we were looking at, but that we might even see some action on these various substances. Obviously what we are doing is saying this is a time frame only to decide what kind of a problem we have. We are really looking at a second time frame entirely for getting any concrete action on gazettement and having the submissions. It is turning out to be a long process.

**Hon. Mr. Elgie:** It sure is.

**Mr. Mackenzie:** I am wondering if there is not some way—it will not make me happy, but it may be a more accurate reflection of the situation—we could have a list by the years, as you have here, of what we are working on. Then there could be a secondary list of the substances we are going to be dealing with in terms of regulations and when we might be looking at least at the gazettement, if not the final action on them. I am not trying to complicate it. I think it could be a lot more accurate reflection of where we are going on some of these substances. We are just dealing with a time frame that does not mean anything at the moment.

**Hon. Mr. Elgie:** These are time frames we clearly said we were unable to achieve. Nobody is kidding anyone about that. Mr. Armstrong, how realistic is it to look at those things?

**Mr. Armstrong:** I was just going to say if Dr. Robinson repeats the information she has, I think some of the questions you are addressing will be answered. Perhaps she can complete it and then you can comment on it.

**Dr. Robinson:** I have prepared a list of the substances we have ready to contract for background studies. There is another list here: anaesthetic waste gases, chlorine, toluene and the xylenes and nickel. We are in receipt of proposals at the moment. The closing date for that is January 4. At the moment, we have coal tar pitch volatiles out on proposals. Then there is beryllium, a group of four ketones—acetone, ethyl butyl ketone, methyl isobutyl ketone and methyl n-butyl ketone.

**Mr. Mackenzie:** Am I missing something, or do they show on any of these previous lists we have?

**Dr. Robinson:** We have put them together because there is some logic and sense in so doing it.

**Mr. Mackenzie:** Okay.



**Dr. Robinson:** We have work currently in progress on ethylene oxide, and these are all substances in the 1981-82 list.

**Mr. Mackenzie:** Ketones were not on that list. They were on the 1982-83 list as I see it.

**Dr. Robinson:** The ketones are on the list I have as of 1981-82.

**Mr. Mackenzie:** That is the earlier list.

**Interjection:** This is the unrevised list.

**Mr. Mackenzie:** They show on my 1982-83 list. That is all I am saying.

**Dr. Robinson:** The ketones show on my 1981-82 list. We are ready to contract for the background studies. We have put some of the substances together, where it makes sense to do so in terms of health effects, from the scheduling that was in some of the earlier lists.

Work has not been started yet in the 1981-82 list on the epoxy resins, including epichlorohydrin and trimellitic anhydride, plus fire retardants and oxides of nitrogen are still not started. Those are the only three groups on the 1981-82 list which have not been tackled yet.

**Mr. Mackenzie:** Where did you have chlorinated hydrocarbons? I did not make a note on it. It was on the 1981-82 list.

**Dr. Robinson:** Chlorinated hydrocarbons are on our 1980-81 list. I believe in some of the earlier versions they have been listed under the separate compounds, but we have put three of them together.

**Mr. McClellan:** I would appreciate it if you could give us an update of the whole program.

**Mr. Mackenzie:** Does the suggestion I have made make any sense, that we break down this process we are going through into two parts?

**Dr. Robinson:** Yes.

**Hon. Mr. Elgie:** Break the process into parts?

**Mr. Mackenzie:** It seems to me we are ready to look into the background. We then go through a process. At what stage do we reach a scheduling where we are looking at the year we may be gazetiting it? It is obvious some of them are taking a lot longer than others to deal with.

**Dr. Robinson:** I think the difficulty we are having at the end of our consideration of some of the background reports is that we find we really have not got enough local, specific evidence, particularly in terms of actual exposures, as compared with where the substance is in use in the province.

At that point, we may need to either take additional steps ourselves to supplement the

data in our records, or alternatively to let a contract to get actual practical information of exposure levels. Then we are in a position to have sufficient sound evidence on which to base the decision to designate. In so far as the background report lists substances at the moment, I would expect a decision within the next six months on the exact procedure we are going to follow with each of those.

**Mr. Mackenzie:** I have raised the point only because I can see what has not only caused us problems, but what does lead to some unfairness with the ministry itself in terms of dealing with these substances. The dates we had originally, as it turns out now, do not mean very much. There are varying times involved in getting your background and going through whatever research is done before you ever get to the stage where you are setting standards and listing it for input from the parties.

**Mr. McClellan:** The basic organizational plan set up by the advisory council initially, which we discussed at some length here a couple of years ago and which you ratified, is not functioning. It is not working. Our difficulty is that people in the field are expecting that plan will be adhered to, and it obviously is not.

What is needed is a revised statement of what the actual process is. At this point, nobody has the slightest clue what the process is. We are getting bits and pieces of it out of the estimates, and it is obviously evolving out of experience. Surely the advisory council needs to sit down and evaluate the experience and produce another document for submission to the ministry that will set out a set of expectations with respect to how we arrive at a designated substance.

**Mr. Mackenzie:** If I could use arsenic as a case in point, Mr. Minister, it was on the first list we had for 1979-80. We assumed that at least it was at some stage of immediacy. Then we see it on the 1980-81 list, which we got some time ago. Now we are told the background is beginning now. It really should be on the 1982-83 list because we do not know how long it is going to take to get the background. What I am saying is there is no real relevance between these dates you gave us, the lists of materials, and what is actually happening in terms of getting some concrete action.

**Mr. Armstrong:** Before you go into a new area, apropos Mr. McClellan's remarks, if I may say so, you are partly right and partly wrong. You are right in the sense that the protocol, or the process which the advisory council laid out,

is not in practice entirely congruent to what they were saying. That is partly because we have added a new step. I think you are aware of the new public meeting step.

**11:50 a.m.**

When Dr. Mustard gets here, you will want to talk to him about that because you will find the advisory council agrees with that added step. It puts the time frames indicated in the advisory council memorandum into a different perspective.

I do not want to reopen the argument you and I had a couple of years ago—

**Mr. Mackenzie:** Every year.

**Mr. Armstrong:** —but I think we read that memorandum differently. You refer to a period which you say is a maximum period and I suggest to you the periods he refers to are minimum periods for consideration.

**Mr. Mackenzie:** Both of those are just reasons to come up with some kind of a split—

**Mr. McClellan:** You may be saying that in 1981, Mr. Armstrong, but you were not saying that when we had the first discussion. I can refer you back to Hansard.

**Mr. Armstrong:** Generally with those observations, I must say I agree with Mr. Mackenzie's observation. In view of the experience we have accumulated over two years now since the act has been in force, what is necessary is to return to the advisory council for advice, to review it with them and to make it clear to everyone how the system is operating and what revisions are necessary.

**Mr. Mackenzie:** I do not mind kicking the hell out of you for delays and being too damned slow on it, but it is a little bit unfair if we do not know exactly where we are going. You could almost reject everything that is given to us in terms of the dates, based at least on what the perception was.

**Mr. Chairman:** Thank you, Dr. Robinson and Mr. Mackenzie. Mr. Haggerty, one question.

**Mr. Haggerty:** I just have one question. Have you established a criterion for heat stress as yet?

**Dr. Robinson:** No, we have not.

**Mr. Haggerty:** How far away is the ministry?

**Dr. Robinson:** The special studies group have looked at the problem of heat stress and I think we are in line with the practice in other jurisdictions, but we have not developed any guidelines specific to Ontario yet.

**Mr. Haggerty:** When can we expect anything in this particular area?

**Dr. Robinson:** I will have to get back to you on that. I am not sure what time frame they are working on.

**Mr. Haggerty:** When you send a list of these different occupational health hazards to establish criteria, you suggest to particular parties that these are the areas you are going to be looking at to establish criteria. Whom do you send that document out to? Who gets it besides the management of the industry?

**Dr. Robinson:** We solicit input from a number of people at the time we are undertaking background studies.

**Mr. Haggerty:** These are discussion papers only.

**Dr. Robinson:** No. At the time we are soliciting background studies—for example, with chromium and benzene, which have already been completed—with the work that is done on contract, the contractors are provided with a list of individuals and companies to make contact with at the time of that study. It forms part of the contract study.

**Mr. Haggerty:** Does labour get a copy of the intent of these discussion papers?

**Dr. Robinson:** At the time we reach any discussion, yes, we make an effort to contact all interested parties whether it is a trade association or the unions.

**Mr. Haggerty:** They are sent out at the same time as they are sent to industry, is that not so?

**Dr. Robinson:** I hope we are not at crosspurposes here.

**Mr. Haggerty:** The document I have says, "exposure criteria for potentially harmful agents and substances in work place." This says May 15, 1981, and it is for discussion only. Now I understand that is sent out to industry. Is it sent out to the labour sector?

**Dr. Robinson:** Yes. That document has been very widely circulated. I am not sure how many there were on the mailing list, but it was 2,000 at least. We have had some requests from groups of individuals who received a copy, saying they have 10 more members who would like the information as well and would we please send it to them.

**Mr. Haggerty:** Another question I had relates to a previous health study the minister initiated. I do not know whether it is finalized. The area I am concerned about is Dr. Muller's case control

study relating to occupational respiratory diseases. When will that be tabled in the Legislature or in the committee here?

**Dr. Robinson:** You are talking about the study of Ontario miners, I believe?

**Mr. Haggerty:** That is right, the one that relates to the mining industry, the nickel industry in Sudbury in particular, and the one that was done in the refineries in Port Colborne. While you are looking for that, can the minister inform me about the study done by McMaster University professor David Muir in relation to occupational hazards, risks and causes of death? Is that completed? When can we expect it?

**Hon. Mr. Elgie:** Is that the Inco study?

**Mr. Haggerty:** There are two of them. They are tied in with the mining sector and the Inco study.

**Hon. Mr. Elgie:** There is a study that is funded by Inco that is unrelated to this ministry. Is that the one you are talking about?

**Mr. Haggerty:** There is a Muller study too, if I am not mistaken.

**Hon. Mr. Elgie:** Professor David Muir is also doing a study on behalf of labour and management at Inco which we were not involved in.

**Mr. Haggerty:** Do you know that study at all?

**Hon. Mr. Elgie:** Do you know the status of that study, Dr. Robinson?

**Dr. Robinson:** I am not sure.

**Mr. Haggerty:** This has been going on now for about three or four years.

**Dr. Robinson:** I will have to check on that. The present phase of the Ontario miners study began in 1980. It is expected to be completed in 1983—I have May 1983 against that. Do you wish me to give you a report on the progress of the miners' study.

**Mr. Haggerty:** Yes.

**Dr. Robinson:** This was provided to me by Dr. Muller. The initial study of mortality in Ontario uranium miners was dealt with in 1973-1974. That confirmed the increased risk of lung cancer such as had been demonstrated in other uranium mining areas. The study was based on the records of some 8,649 men. Later, in 1976, a further similar study on some 15,000 records was carried out as part of the Royal Commission on Health and Safety of Workers in Mines.

In the meantime, the original authors, including Dr. Muller, had set up a system to enlarge the Workmen's Compensation Board's computerized record of all miners. It was considered

that studying uranium miners in isolation could lead to an incorrect assessment of their health risk. Dr. Muller is now working under contract with the ministry. He is conducting an extensive study of the records of both uranium and nonuranium miners to a total of almost 52,000 workers.

Mortality statistics have been obtained through a sophisticated system of matching names against Statistics Canada's records. Individual medical records of those who died of lung cancer are now being reviewed to complete the work and health history of each. This and other statistical analyses will be used to obtain a profile of the health risks in all Ontario mines. The present phase of the work started in May 1980 and is expected to be completed in May 1983.

Perhaps I should add that, apart from the ministry, the Workmen's Compensation Board and AECB are contributing towards the financial costs.

**Mr. Haggerty:** Has the ministry completed an agreement with Quebec as it relates to silicosis? This has been a long drawn-out affair with that province. I understand there are a number of miners in Ontario with silicosis who are not receiving compensation until a reciprocal agreement is signed between the two provinces.

**Hon. Mr. Elgie:** I do not have that information.

**Mr. Haggerty:** That is something that has been kicking around for a number of years and I thought perhaps it may be finalized by now.

**Hon. Mr. Elgie:** I could find out about it.

**Mr. Haggerty:** Persons who have an occupational disease should be compensated for it.

**Hon. Mr. Elgie:** The WCB is not part of these estimates, but I can find that out for you.

**Mr. Haggerty:** Another area is a study on hearing being done by Dr. Alberti at Mount Sinai Hospital in Toronto. Is that completed?

**Dr. Robinson:** That is a study on hearing loss, I believe?

**Mr. Haggerty:** Yes.

**Hon. Mr. Elgie:** That was the one that was done for the advisory council.

**12 noon**

**Mr. Haggerty:** It was not completed as yet. He made some comments that all the devices used today in industry to reduce the noise level were not up to standard. I thought—

**Mr. Armstrong:** That is the study that was



done as part of the task force for the advisory council. I can say that study is completed. It is in the hands of the advisory council and the advisory council has, on the basis of that study, given some advice to the Ministry of Labour. Maybe when Dr. Mustard is with us this afternoon he will be able to tell you about that.

**Mr. Chairman:** Thank you, Mr. Haggerty. Let us proceed. Any further questions on item 1?

Items 1 to 5, inclusive, agreed to.

On item 6, special studies and services:

**Mr. Haggerty:** I would like to raise a question that relates to the provincial lottery trust fund. What areas of occupational health research are we still looking at that are being funded through provincial lotteries? Do you have a list of the names of them?

**Mr. Chairman:** Mr. Minister, is it possible to get a list of all these studies?

**Dr. Robinson:** Yes, it is.

**Mr. Chairman:** Could you distribute these to all the members of the committee?

**Dr. Robinson:** Yes.

**Mr. McClellan:** Are any studies being done of communities adjacent to uranium mines to determine whether there are any adverse health aspects of the uranium mining industry?

**Mr. Armstrong:** There is some radiological survey work being done in the Blind River area. You have in mind, I think, epidemiological work. I am not aware of any activity in that area that has been done in respect to that.

**Mr. McClellan:** Was an epidemiological study done in Port Hope?

**Hon. Mr. Elgie:** Are the Ministry of the Environment, Health and Welfare Canada and the Atomic Energy Control Board not involved in that study?

**Mr. McClellan:** Has that study been completed? I did not have enough time to do any research and all I could find was the announcement of the study. I could not find anything on the results.

**Hon. Mr. Elgie:** We took advisers to the interministerial part of it, but I do not know what happened to that.

Item 6 agreed to.

Vote 2404 agreed to.

**Mr. Chairman:** Since I will be leaving the chair in a minute and since we have five permanent members of the committee here, I would like to ask if we could decide this afternoon the whole question of Bill 175, the

McMichael bill, which will require a winter sitting. We should decide such things as the dates, format of the hearings, budget and so on. Would you suggest we do it at 5.55 p.m. or before the end of the Labour estimates? Or do you want to deal with this very quickly for about five minutes before we continue after routine proceedings at 3:30 p.m.?

**Mr. R. F. Johnston:** We should have either Mr. Laughren or Mr. Renwick here for that.

**Mr. Chairman:** Both of you are permanent members of the committee.

**Mr. R. F. Johnston:** The other two are observing on this. If we can have one of them here, it would be useful.

**Mr. Chairman:** This is for deciding some items of the committee regarding dates and so on. Could we agree to do it then perhaps at 5:55 or around six o'clock following the conclusion of the estimates? It is agreed then.

On vote 2405, employment standards program; item 1, employment standards:

**The Vice Chairman:** Do you have any questions on this item?

**Mr. Haggerty:** Is the minister considering any changes to the Employment Standards Act as it relates to the current plant closures and bringing in a report? Are we going to be changing the number of 50 in notice of layoffs in that area? Should we not be dropping it lower? Today some companies seem to be laying off 50 persons at a time; they eventually get down to the factor of 50 and then shut right down.

That is one way they can get around the present legislation. They can lay off large numbers, well above the 50 that are permitted now, if they give sufficient notice. I was wondering if that is an area the minister is concerned about. I know in my area when about 49 employees are laid off, they can shut the plant right down without any justification to some body such as the Ministry of Labour. I am concerned about this. There are a number of small industries in Ontario employing 15, 20, 30 or 40 employees and these plants are being closed right down without any justification.

**Hon. Mr. Elgie:** Are you suggesting a justification procedure for small business closures?

**Mr. Haggerty:** Yes, that is right.

**Hon. Mr. Elgie:** Is that your party's position too?

**Mr. Haggerty:** I do not know if it is or not. I have not discussed it. But I know there have been some plant closures in my area where they

just said, "Here is your walking ticket," and that was it. They are not saying there will be a callback or anything.

I think in the economic climate facing us in Ontario that sometimes it is a way the industry can get out of it. They can close their doors without any real cause beyond having an American parent company saying, "We are shutting her down. Our operations are not that good that we can support it over here." Yet it could well be profitable.

**Hon. Mr. Elgie:** There is no present intention by the government to alter the mass termination provisions. As you know, there are individual termination provisions that go below the number of 50 and they are still in place. The government has no present intention of changing those numbers.

**Mr. Haggerty:** It has no intention, eh?

**Hon. Mr. Elgie:** That is not a surprise to you.

**Mr. Haggerty:** No.

**Hon. Mr. Elgie:** There have been extensive debates on this.

**Mr. Haggerty:** I realize that. If I took the time to read to the committee the number of industries affected—the layoffs at Massey-Ferguson, for example—I could spend nearly half an hour on the list I have here.

**Hon. Mr. Elgie:** Wait a moment. Are you in any doubt as to why Massey-Ferguson is in trouble?

**Mr. Haggerty:** No, I am talking about economic conditions that sometimes—

**Hon. Mr. Elgie:** I know but you are also talking about justification and numbers and so on.

**Mr. Haggerty:** Yes.

12:10 p.m.

**Hon. Mr. Elgie:** Wait a minute. Are you in any doubt as to why Massey-Ferguson is in trouble?

**Mr. Haggerty:** No, I am talking about economic conditions but sometimes there is—

**Hon. Mr. Elgie:** I know, but you are talking about justification and numbers?

**Mr. Haggerty:** Yes.

**Hon. Mr. Elgie:** You are not in any doubt as to why they are in trouble, are you? People are not buying their products.

**Mr. Haggerty:** This is right but the question is, now that I have a Ford tractor—

**Mr. Mackenzie:** Do not ever accuse me of oversimplification.

**Hon. Mr. Elgie:** Yes.

**Mr. Haggerty:** What I am suggesting to you is where there is a parent American company here which says, "We can just shut her down here and walk out and go back to the States." I think somewhere along the line, there has to be some justification for this in a plant shutdown.

**Hon. Mr. Elgie:** If I recall, the majority of closures are Canadian companies, are they not? You are not saying there should be two standards, are you? You are not saying a double standard, are you?

**Mr. Haggerty:** No, but they could be Canadian companies and still be run by an American parent company. The shots are called there. Their bosses—

**Hon. Mr. Elgie:** Are you saying there should be a different standard applied to a company that has a parent company outside of Ontario or Canada?

**Mr. Haggerty:** I would consider it, yes. With the economic climate in the United States, the higher interest rates here and the dollar exchange, where there is a difference of almost 20 cents on the dollar, there is a possibility that under the circumstances industry might say, "We are better off if we close down our operations in Ontario and bring it in."

**Hon. Mr. Elgie:** Without giving my own views on it because they are my own personal views, you must be disappointed that the federal government, with which you are familiar, has decided not to tighten up the Foreign Investment Review Agency regulations.

**Mr. Haggerty:** No, I am not familiar with those fellows over there. There is a small-L liberal and a small-C conservative, too, as you know. I know you are talking about FIRA.

**Hon. Mr. Elgie:** Yes. We have no present intention to change the termination provisions or to set up different standards with respect to Canadian companies as opposed to companies that may have a parent company outside of the country. You are recommending that?

**Mr. Haggerty:** No. I asked if you would consider such a thing. Have you done any studies in this area?

**Hon. Mr. Elgie:** No. We have no consideration at present being given to setting up different standards.

**Mr. Haggerty:** There is no problem then. That is what you are telling me.

**Hon. Mr. Elgie:** No, I did not say there are no problems. Goodness gracious, what do you think we have taken the steps we have for?

Because we do not think there is a problem? Why do you think we have set up a process we think is superior to any place in Canada? Because we do not think there is a problem?

You can work on the safety nets, my friend, and let us not kid ourselves they will always answer the needs of individuals. It is a very traumatic thing to lose a job. But surely we have to also look at job creation efforts and employment per se.

**Mr. Haggerty:** That is right.

**Hon. Mr. Elgie:** If you want to focus all your attention on the nets, we think we have a combined federal and provincial safety net system which, although it is not perfect—and I do not know of any place which has perfection—it is certainly the best in this country and, I submit, the best in North America. I have made my views very clear on the way I think the present federal budget has done nothing vis-à-vis employment and the reason Massey-Ferguson and other companies are in trouble.

**Mr. Haggerty:** One of them.

**Hon. Mr. Elgie:** It has been a negative effect.

**Mr. Haggerty:** You do not like to repeat yourself, but I mentioned something. I do not have the report before me, but a study was being presented to the Congress of the United States on the problem of why the automobile industry is in difficulty and the way it reflects in the industry over here.

It went down through a list of things wrong with it, but the one point it brought out was there was damned poor management in the automobile industry. That is where the whole problem is. We can talk about an automobile technology centre here in Ontario. Probably some good will come out of it, but perhaps that is not the area we should be looking at. Perhaps we should be examining the managerial level of the business in the way it is being handled by the industry.

Of course, the minister will answer, "We are not going to interfere with the private sector because of the free enterprise system." But you are taking funds from the public of Ontario. Both the provincial and federal governments funded the automobile industry with the hope it would create jobs. You have put the money in there, but it has not created the jobs. There are more layoffs in the automobile industry and there are more to come.

I am talking about these parent companies and I am concerned about the automobile industry in the United States. They are now

talking about making a deal with the automobile makers in Japan. The first thing you know the plants will be shut down in the United States and they will bring in the Toyota or any of the Japanese cars. When they bring them in by the pipeline system here, they may put a rubber tire on the rim or something like that and say it is manufactured in Ontario. That is my main concern.

The government is involved with funding to many of the industrial sectors in the province, but you are going to have to have more input into it and more studies on management procedures. I think of Massey-Ferguson. They just cannot keep stockpiling implements. The inventory is killing them. This is one of the things this consultant said about the American automobile industry.

The inventory carried in the final operations in the United States and Canada is 18 to 20 or 30 days, or something like that, whereas in Japan it is only eight hours. Inventory costs money. I am suggesting there should be a study in this particular area in relation to the Canada-United States auto pact. I can see the deals being made by these larger companies.

At American Motors they are bringing in Le Car. They are partners now with the French automobile industry. We talk about buy Canadian. It is pretty hard to buy Canadian when you say it is a firm that manufactures automobiles in Ontario, but the automobile is not manufactured here. I think you are going to have to caution the industry in this particular area because this is what is eventually going to happen. The Japanese are almost ready to take over the American economy the way they have been able to come up with technology and knowhow.

I think the report said it takes General Motors 36 hours to complete and manufacture a Chevette, it takes Ford about 28 hours to produce the Escort, and it takes the Japanese 15.8 hours to complete an automobile.

The technology centre here, in the area of setting up new machinery and things like that, may be an asset to the industry. There is no doubt that the automobile industry in Canada and United States has perhaps one of the most noted research centres that relates to the automobile industry in the world.

I think many cases of shutdowns in Ontario are related to poor management. They are not reading the signals that are before politicians and before the columnists and so forth. I suggest



to you this is the area where you should be implementing a study because it is going to be much tougher in the next three or four months.

I know high interest rates are one of the areas causing difficulties. I have listened to the comments of the Treasurer (Mr. F. S. Miller) that high interest rates should not be there. I agree with that. There is no reason why they should be there, but they are being manipulated by the federal government and the Bank of Canada. If there is a concerted effort, whereby all the members of the Legislature make an approach to the government, somebody is going to have to listen. Right now they are not.

In my area I have seen people being laid off or losing their homes due to high interest rates and mortgage renewals. I think of an industry, the one with the quarries, that is shut down. It is owned by an American firm. There were no justifications for it. They just said, "We are shutting it down." There was no consideration and no discussion of whether there would be a recall.

If we take the number of employees in the quarry itself, there may be about 45, but if we combine all the employees who are there, we are looking at about 58 employees or something like that. Under the employment standards legislation perhaps notice of layoff is not that important. They said it was a shutdown. They did not say for how long or anything, but they gave the employees about 10 days' notice. "Your job is terminated on December 11," they said, and that was it.

**12:20 p.m.**

Sometimes some of these American firms know full well the laws here, but they feel they can get around them. When you look at foreign companies here, I think you are going to have to keep a very watchful eye on them to see these practices do not continue.

**Hon. Mr. Elgie:** I know much of what you said is not being said in a partisan way and I am not going to respond in a partisan way. I do not think it is a mystery to anybody that the automotive industry is in an incredible survival struggle at the present time in North America. I do not want to get into a debate as to whether or not the auto pact was fair to us. You know the position of the Minister of Industry and Tourism (Mr. Grossman) has always been that we are not getting our fair shake. There is no doubt the figures support that position.

Also, I do not think there is any doubt that in terms of layoffs in the automotive industry, we

are not being hit any harder on a per capita basis than our neighbours to the south and perhaps even not as badly. That does not make it any easier because we were more labour-intensive up here than they were down there; I understand that. But the economic levers to change those directions are fundamentally not in this government's hands.

We are endeavouring in a co-operative way, as you say, to bolster up the industry wherever we can through the grants we have made and through the auto parts research centre that is proposed, and encouraging Volkswagen, for example, to move here in order that they can take advantage of—

**Mr. Haggerty:** I suppose that is an area we should be concerned about too. In that agreement with Volkswagen, there are free tariffs.

**Hon. Mr. Elgie:** No, it is duty remission on the basis of sourcing in Canada.

**Mr. Haggerty:** Are we going to be in the labour-intensive area of manufacturing the Volkswagen here? Are we just going to have the rubber-stamp person who puts the rubber around the windows?

**Hon. Mr. Elgie:** You are not saying you did not want them to come to Ontario?

**Mr. Haggerty:** My own personal opinion is that it is time we built our own Canadian car. If we are going to be giving government funds to the industry, I think we are going to have to have more input into it.

**Hon. Mr. Elgie:** That is a policy decision neither you nor I are going to make at this table, regardless of what our personal views may be.

**Mr. Haggerty:** When you are spending public money in particular areas in the free enterprise system, there has to be some guarantee the jobs are going to continue to be there and there will be improvements in this particular area.

We are not calling the shots. The shots are being called offshore. It is the same thing with Volkswagen. I know your colleague the Minister of Industry and Tourism assured me he was satisfied with the Volkswagen agreement. But with the free trade thing that goes along with the deal on that, there are no tariffs on it.

**Hon. Mr. Elgie:** It is federal duty remission.

**Mr. Haggerty:** It could work to our disadvantage in a sense. You open the door and you just give them a piece of the whole thing and then, all of a sudden, they are going to come in and take over.

**Hon. Mr. Elgie:** My friend, if there is a federal

duty remission program and if Volkswagen is going to come to Canada, you are not disappointed it came to Ontario, are you?

**Mr. Haggerty:** No, I am not saying that.

**Hon. Mr. Elgie:** Well, that is all I am saying.

**Mr. Haggerty:** I just want you to assure me we are not going to have a loophole here that is going to open the door, that all the labour-intensive part of a Volkswagen automobile will not be built in Germany.

**Hon. Mr. Elgie:** I cannot give you that. You know the details of the Volkswagen agreement.

**Mr. Haggerty:** I do not know that much about it.

**The Vice-Chairman:** I might suggest to the committee that we are straying somewhat from the discussion of employment standards.

**Hon. Mr. Elgie:** Mr. Chairman, I have already directed my response to the issue related to termination. The government has no present intention of altering what is now in its total package superior to that of any other part of the country.

**The Vice-Chairman:** Do you have any further questions, Mr. Haggerty?

**Mr. Haggerty:** I will let Mr. Mackenzie speak.

**Mr. Mackenzie:** Mr. Minister, I will go back to a little exchange you were having with Mr. Haggerty early in his first question about whether or not a difference could be advocated in the two standards in terms of the requirements for plant closures. I am just wondering if you are not recognizing the fact, particularly in branch plant situations, there can be a decided difference because the facts of life are that the national interests can very well override the interests of the workers or the community in our country. I do not know of anything that underlines that fact more.

I still have not had a better answer to that than the appearance before our select committee on plant closures of the Bendix people. At that time, Robert Smith, the Canadian president, in what I think was the most telling testimony we had before the committee, said that the plant had made a profit in something like 40 out of 41 years and that they had made a lot of renovations to the plant over a period of years.

**Hon. Mr. Elgie:** What plant was that?

**Mr. Mackenzie:** Bendix. That is the testimony Mr. Smith gave us. He got exactly two weeks' notice from the head office in Milwaukee, or wherever it was, to justify why he should not close down the Canadian plant, which still had

about 400 workers at that time. Mr. Smith said, in a straightforward, very honest approach to us that the bottom-line financial picture was that they were making money in Windsor at the Bendix plant, but that the company could make even more money by shipping in the materials and by using the American plant up to its full capacity.

He told us in his testimony before that committee that as Canadian president, and he was privy to all the production reports costs, he could not tell them that even on that basis it was not a sound management decision. None the less, they closed the plant down without taking into consideration the interests of the 400 workers or so who were still left at that point or the additional cost to the province or to the community.

I wonder how we can continue to ignore that kind of a fact, the fact that there was simply more money to be made, regardless of how profitable the plant was, by doing all of the production in the States. Do we or don't we take a look at whether or not there is a necessity for some kind of a double standard?

**Hon. Mr. Elgie:** That is the nature of the world we live in today. I think it was stated in the Bluestone study, to which Professor Saunders referred in his Ontario Economic Council report on plant closures, that it is a fact of life that when you intervene and introduce stringent requirements, you have to look at the consequences. If you accept that study, you will agree that fewer businesses start up in that kind of environment. There are always two sides to every coin.

We have been pretty fortunate in this province in job creation year by year—not many countries can claim a better record—which is not to say that we should be satisfied with our present level of unemployment, but I think we all understand some of the things that are causing it.

**Mr. Mackenzie:** Are you saying we do not take that into account?

**Hon. Mr. Elgie:** If you are suggesting we take a parochial view of what are global conditions, I have to say to you that we would be creating for ourselves an island in Canada which would not be seen as one of the better areas to start up new business. I cannot believe you are not really concerned about that.

**Mr. Mackenzie:** You are making an argument really for what is happening in global product mandating, Mr. Minister. I am just saying that

we end up with one little piece of the cake and at some point, if there should be disruptions in the world, we would be out of the market altogether and not even capable of supplying ourselves. I am having a real problem with my own thinking with regard to the whole argument for free trade and all the rest of it.

Something is happening to us as a nation in the industrial field. Obviously you do not agree with us, but we think we are getting the short end of the stick. I did not bring with me the study our research people did on what is happening in the auto industry in Mexico. Despite the problems there, it is obvious that they have set up requirements in the last three or four years for Mexican content which are well ahead of ours. As a result, they have a fairly healthy situation at the present time. Notwithstanding our talk about it, we do not have a self-sufficiency policy at all in this country. There are so many areas of industry where one realizes this is happening.

**12:30 p.m.**

I understand what Mr. Smith, the Canadian president of Bendix, was telling us, namely, that the only losers in that were the Canadian auto workers, the community and, I suspect, our balance of payments as a result of having to import what we were producing in that plant. The fact is that Canadian operation of Bendix was a profitable one unless the Canadian manager was lying to us. However, it is also a fact that Bendix can make still more profit by doing the entire production in the States.

That pattern seems to have been general throughout the plant shutdowns, but Bendix was the case where the facts were really laid out. Surely that indicates that we have got to develop some kind of a self-sufficiency policy and that we must have some kind of a mechanism for dealing with such situations, unless we are willing to accept totally the global product mandating idea, and never mind if it means cutting us off from the ability to supply our own product needs.

**Hon. Mr. Elgie:** I cannot add to what I have already said. It is a very complex area and you know that as well as I do. We also know that despite the Bendix closure our layoffs in the auto-related industries have not been as heavy on a per capita basis as those to the south of us. Mr. Grossman has given you the figures many times. Of course that does not make it any easier for those who are laid off, and nobody is pretending it does.

**Mr. Mackenzie:** I have grave doubts about Mr. Grossman's figures frankly, but that is another matter altogether.

We have Mr. Joyce with us. I have a number of questions in the employment standards field that may or may not carry over. I do not see a lot of time for dealing with manpower—the other party may have it—or on the board. So I do not think those are going to be difficulties in finishing the estimates.

**Hon. Mr. Elgie:** There is the human rights commission too.

**Mr. Mackenzie:** I really would like to have some kind of a rundown on what this great and effective mechanism you have for justification on plant closures amounts to.

**Hon. Mr. Elgie:** If I left a misinterpretation in anybody's mind, I wish to correct it. Mr. Joyce is not involved in justification, but with with discussions regarding the reasons for closure, to see if the government, through encouragement or otherwise, can bring about change in those decisions. Mr. Joyce may want to comment on his role and what is happening in that area.

**Mr. Joyce:** As the minister said, I am not involved in justification. At the same time, I have not hesitated to go out fact-finding in a number of situations. I am no financial whiz, but I have not had difficulty in obtaining satisfactory information from the companies I have visited. Whether or not I have analysed it properly is an open question.

Following that information gathering, I have seen it as my function to recommend to the minister what subsequent action should be taken. Most important, I think, is that I have been involved in many discussions with the Ministry of Industry and Tourism to determine what, if anything, can be done to salvage a situation and to investigate, as we did at Talon, whether or not the business could be made viable, even on a reduced basis. That is about the extent of what has been generally referred to as justification.

**Mr. Mackenzie:** It is an economic evaluation that you are doing really.

**Mr. Joyce:** Yes, to see if anything can be done in the way of making it possible to continue an operation either with that employer or with someone else. At Talon, we made a recommendation to the employees for a reduced operation, if they wished to purchase it. They were interested in examining that further. In that case the recommendation of the consultants was that it could not be made into a viable operation.



In the second part of the program, although this has not been extensive, we have in some situations introduced what you might call mediation, particularly in the benefits area. In some cases we have held early discussions with the union and the company on what has amounted to the company's suggestion that the operation might be feasible if there were great benefit reductions and that type of thing. That has been a part of it in a cautious way.

When I met with you last year, I said that in my view the third part of the operation would provide the most important thrust, and it has. I think we are well on the road to a very successful program of offering counselling and retraining opportunities to those we and they think could benefit from it.

The real pilot project there was with Schick. We worked with the manpower adjustment committee and with the colleges in developing that pilot project. My assessment is that it is a sound program. I look forward to expanding it to a greater degree this coming year. I am pleased to say that the assessment we received from the consultants we sent in to meet with the employees and with the company seems very definitely to support my thinking that we have a highly successful program.

Of those who were involved in the program, I think 92 per cent felt that it had been of substantial assistance to them either in obtaining a job or in guiding them to the skills upgrading program. A surprisingly small two per cent said that they did not regard the program as being effective. In summary, I can say I think we are on the right track.

**Mr. Mackenzie:** Is it safe to say that your program is, first, one of economic assessment and, secondly, what we can do to help the employees involved after the fact?

**Mr. Joyce:** Yes. I have to say the thrust has been what can we do to help the employees after the fact. I do not think very many situations can be turned around or saved once the decision has been made. In most cases those decisions are not taken lightly. I am not taking lightly your comments on the possibility of an American company wanting to produce across the border rather than here.

**Mr. Mackenzie:** I have a few more questions, but one of the difficulties I have, Mr. Minister, is that we have no fundamental difference with the kind of things you are doing. We hope they have some effect and indeed they may be helpful. Certainly they cannot hurt. But they

really are not what is causing the problem, as we see it. There may be a difference in opinion whether something can be turned around or should be turned around.

There are a couple of things I would like to know about the assessment you do. First, how early in the case do you get into it? Is it only when the announcement is made that the company is going to close, or is there some discussion prior to that? Are there companies which may feel they are in some trouble and talk to you about it a year or two ahead of time?

**Mr. Joyce:** Certainly the majority are done at the time of the announcement, but we are encouraging companies through various contacts to come forward at an early date. I would say that about six have come forward in the last year, some of them well in advance. In fact, some of them are on the boards now looking down the road towards it.

**Mr. Mackenzie:** I also want to use the example of SKF, which is another case where we really got shafted. I do not know any company that gave more notice to their employees than did SKF. It is true that we may be doing a number of things to assist the employees, but I still find it very difficult to accept an economic argument in that case. I think the machinists were pretty well briefed, as were the other employees. Most of them were long-term employees with high skill and intelligence levels.

12:40 p.m.

They made it very clear the company was now in a dicey situation as a direct result of something that started almost five years ago. The large profitable bearing runs were shipped out to other plants and they got more and more into the fine machining, repair or short runs that were not anywhere near as profitable.

It is a big outfit, and we understand that. The capability of that particular operation to supply a good number of customers here in Canada was reduced to a point where the contracts they were getting were ones that may have had to be done, but were not going to make the money in the plant. After three to five years of the union stating its complaints, when they were in a position where they could also make an economic case, they said, "We are good corporate citizens and we are going to give you better than a year's notice."

The thing I have always found almost unbelievable in that situation is that three months before they were even told about it in Canada,

the head office of the company had sat down, discussed it with the workers in Sweden and West Germany and said they were going to be closing the Canadian plant. As I have said, and I have raised it with the Canadian Labour Congress, we had a breakdown somewhere in our international union connections. We should have known that as soon as it happened.

Nevertheless, they sat down with their employees because the law requires—and apparently it is that advanced in this particular area—that they had to tell their workers. They told them months before they told the Canadian workers or, as near as we can tell, although I am not sure you can prove this, the management of the plant that they were going to be closing down the plant down in Ontario.

You could go into this plant—I do not know if it was one of the ones you looked at or not—and you might get a financial justification now, but it is as a result of a policy that has been systematically carried out for a number of years. We obviously have the same situation in terms of the last 200 and some workers. Next week is the final day for them in the SKF operation. Now I take it from the shaking of your head you never got into the SKF plant?

**Mr. Joyce:** No, they were in front of this committee before I was—

**Mr. Mackenzie:** But it was another good example of exactly what we are facing. I do not know how we deal with that. That is why I am wondering just how far in advance you get to take a look at some of these cases. It is obvious most of them are after the fact.

**Mr. Joyce:** Most of them are after the fact, and I am damned sure there would not be one in one million that would be five years before the fact or three years before the fact or two years before the fact. I just cannot believe that would happen.

**Mr. Mackenzie:** I do not know how extensive it is or how much it has been modified, but a number of years ago there was a requirement on a yearly basis that the expansion or contraction plans of firms had to be filed in the seven labour regions in Sweden five years in advance. It was part of their planning that left them in a pretty good economic situation in terms of being able to train more people or handle worker adjustment. I have never been able to understand the companies' arguments that they cannot give this information out because they say they will lose the competitive edge.

**Mr. Joyce:** Every time I hear about what is happening in other countries on this question of notice and justification and so on, it is really on the basis of what the country is doing, not what one province or region in the country is doing. I think there is a tremendous difference there. Mexico makes the decision. You do not see some small part of Mexico making that decision. I think there is a major difference there.

**Mr. Mackenzie:** I understand the difficulties that creates, but I think it simply points out that there are mechanisms by which some of these—they may have other things they are short on—serious problems we are facing are being dealt with.

**Mr. Joyce:** I can only talk from my experience. At least some companies, and many companies in my experience, agonize quite a bit before closing a plant. They are not in business to close plants.

**Mr. Mackenzie:** Unless they can make more money like Bendix.

**Mr. Joyce:** Maybe it is a global plan if you are talking about something like SKF. I do not know that. I certainly suspect that would happen from time to time. But companies do agonize over whether they are going to close a plant because that is not what they are in business for. In my experience—and I have been involved in quite a number of closures when I was directly connected with industry—certainly sometimes you studied and agonized that thing and tried to make a go of it for five or eight years.

The company would not be willing, and I do not think it would really be profitable, to come forward in front of any body and talk about the possibility of closing. I think it almost guarantees the closure. Customers walk away, employees walk away and you are in there fighting to keep the thing open.

**Mr. Mackenzie:** So certain phases do not really enter into your discussion such as the economic justification and picking up the pieces in terms of the workers that are involved in the operation or the cost involved to the community or if we look at an even broader picture, what it does to us in terms of their having to find other supplies or import those products.

**Mr. Joyce:** I will not say they do not enter into it. No, I could not say that. But I do not think they have entered in as effectively as you would like or as I would like.

**Mr. Mackenzie:** It is not the major emphasis. That is pretty clear.

**Mr. Joyce:** No.

**Mr. Mackenzie:** In your opinion, is your emphasis on the assessment of a viable operation and then what we can do for the workers?

**Mr. Joyce:** Yes, by far to the greatest degree. There is no question about that.

**Mr. Mackenzie:** That is the very beginning, Mr. Minister. I think that is where we are dealing with what then admittedly becomes a policy area. I just cannot accept your statement in the House. I do accept what you are trying to do within your limited framework, but it is really not a serious study of the closure in the broader terms.

In the SKF operation I think there are one or two other companies they can turn to if they want to, although there was some problem with some of the customers. Although the indication before our committee in most cases was that they would be supplied from a warehouse operation and they would still be making the particular bearings SKF was producing. At what point do we seriously take a look at what is happening to our work force and our province as a result of these decisions?

**Mr. Joyce:** I think we have taken a pretty serious look at it. I think you are getting back to the justification bit and I would ask you, certainly in my role but not just confined to my role, where do you go in the justification thing? Do you tell them to continue to operate?

**Mr. Mackenzie:** Let me give you an example once again. Let me say I probably would not go this far myself, but I understand once again I have to use a nation as an example. People have wrestled with this problem. The government in France can say to a firm, "No, you do not close for a period of time," even if it is not an economically viable operation.

Now that is why I say I have some difficulties with it. I think there is a lot more we have to put together in a package. I really think this interferes in the whole trade area. We need a lot more self-sufficiency. Nevertheless, in some areas they have put the problems of the workers and the costs to the community ahead of the economic factors. That seems to me to be the core of your responsibility. I am not knocking it. That is more for the minister and not you. I understand that.

**Mr. Joyce:** I am still interested in the subject. I am fairly familiar with the measures taken by Mexico. As a matter of fact, I have worked with it. There, again, you are looking at the country in total, not provincially. You are not looking at any industrial giant either.

**Mr. Mackenzie:** I understand that fully. It was only a nine- or 10-page paper, but it was fascinating reading and there may even be problems for them down the road. All I am saying was they had set up a content requirement and were enforcing it over and above what the legislation was. At the moment, in the automotive field, where most countries are in the doldrums or in trouble, their workers were doing quite well. It is a fairly recent development.

**Hon. Mr. Elgie:** Have I not heard that the Mexicans have also set up a border zone with some guarantee of wage rates and things like that?

**Mr. Joyce:** Oh, sure.

**Hon. Mr. Elgie:** Yes, and they have done a variety of things to control wages to entice people to those near the border zones as well. Are you recommending that too?

**Mr. Mackenzie:** Do not knock that. They have ended up developing at the moment a share of the auto industry, which they can probably hold. Ours is still above theirs, as I understand it, but there is some real question as to how long we will stay above it.

**Hon. Mr. Elgie:** So you do not knock the concept of some wage control.

**Mr. Mackenzie:** That is not what I said, Mr. Minister. Incidentally, I do not knock it totally either. Certainly it is not a priority item. As soon as I see you have got together with all of the federal contacts you do or do not have and taken about \$800 million in excess profits off the banks, I will take a look at how we get into some of the others.

**Hon. Mr. Elgie:** You will not get an argument with me. I have never said anything else, other than that everybody has to share in the problem.

**The Vice-Chairman:** Mr. Haggerty, did you have a supplementary on this?

**Mr. Haggerty:** I cannot hear too much going on with that background noise out there.

**The Vice-Chairman:** The celestial choir is making it somewhat difficult.

**Mr. Haggerty:** We should adjourn. It is 12:55.

12:50 p.m.

**Mr. Mackenzie:** I am sorry. How many of the



60-odd companies that were listed—and some of them were bankruptcies—were you involved in at all? Have you taken a look at that?

**Hon. Mr. Elgie:** Nine of the 36 total closures were bankruptcies. Is that not right, Mr. Joyce?

**Mr. Joyce:** There were actually 12.

**Hon. Mr. Elgie:** Twelve of the 36.

**Mr. Mackenzie:** I thought there were about 60 companies, were there not?

**Mr. Joyce:** Twelve closures out of 50. There were 38 of those and 12 of those were affected.

**Mr. Mackenzie:** How many of those have been dealt with by you?

**Mr. Joyce:** In terms of our involvement, only Admiral.

**Mr. Mackenzie:** Only Admiral out of all of those you listed?

**Hon. Mr. Elgie:** Of the bankruptcies.

**Mr. Joyce:** Of the bankruptcies you are talking about?

**Mr. Mackenzie:** The others too.

**Mr. Joyce:** Very close to 20, that is, anything in depth. We have contacted every company and have had discussions with them. I am talking about a more in-depth review.

**Mr. Mackenzie:** Of the better than 20 you have dealt with, your approach was to ask them about their financial situation. How much emphasis was put on the possibility of some kind of a sale or some kind of employee takeover or a joint venture or you name it? Was that a major part of the discussion?

**Mr. Joyce:** Yes, sir, it was very definitely.

**Mr. Mackenzie:** Was that a viable proposition to any of them as far as you people were concerned?

**Mr. Joyce:** I will separate them. Perhaps I could keep two companies confidential because they were prior to the announcement.

**Mr. Mackenzie:** I am not really interested in the names. I am trying to get at the problems.

**Mr. Joyce:** For example, there were two that were prior to the announcement. I think they have turned around. Certainly they are operating.

**Mr. Haggerty:** By the employees or by the same management?

**Mr. Joyce:** The same management. One was a case, for example, of bringing in management expertise.

**Mr. Mackenzie:** Supposing there was another

that might have been a possibility, what mechanism do you have to do something about it? Can you recommend a course of action specifically?

**Mr. Joyce:** I recommend a course of action to them and, as I said, I do not pretend to be a financial whiz. I have called and asked them to bring in external consultants or receive assistance—and substantial assistance—from the Ministry of Industry and Tourism. We have worked very closely together.

**Mr. Mackenzie:** Have you done that in any of those cases or many of them?

**Mr. Joyce:** Oh, yes, in quite a number.

**Mr. Haggerty:** Does the Ministry of Industry and Tourism have management consultants who can go in and take a look at the industry and pinpoint some of the difficulties?

**Mr. Joyce:** Yes, they do.

**Mr. Haggerty:** And how successful are they?

**Mr. Joyce:** I cannot speak of the success in actually turning it around. I do not honestly know. But I found them to be very effective. We have made a good team.

**Mr. Haggerty:** What about funding? Has the Ministry of Industry and Tourism accepted your suggestions of financial assistance?

**Mr. Joyce:** I do not have the financial expertise actually to say whether I could recommend they do it. They have gone in and done their own study or have relied on consultants. Some companies have been assisted.

**Mr. Haggerty:** But they have not been refinanced through MIT? Is that it?

**Mr. Joyce:** Yes.

**Hon. Mr. Elgie:** I recall meeting personally with the Talon workers with Mr. Grossman. At that time he said once the task force they had set up to review the feasibility of carrying on, all or in part, and if the employees or any other group really wanted to get involved in it, then he would see the Canada buy-back program was available to them for funding.

In that case, by the way, there was an extra inducement to try to consider its viability. That was the fact there was a considerable amount of severance pay owing, which there would not have been otherwise. There was good reason on both sides to see if it could be saved.

**Mr. Joyce:** We recently did a very extensive study on Outboard Marine, which has been a concern to everyone for some time, on what they needed in the way of plant improvement, perhaps marketing improvement and various grants under consideration.

**Mr. Mackenzie:** As I recall, it was not as obvious as SKF or Bendix. They also had a problem in that some of the development they did there ended up almost immediately being transferred to the plant in the United States. They had one particular breakthrough—I forget the part or the problem that it resolved—in engine manufacturing, and as soon as it was perfected the operation was shipped to Waukegan or wherever it was.

**Mr. Joyce:** That was before my time, but it is my recollection of what happened.

**Mr. Mackenzie:** I think that is another indication of how there really are a couple of standards that are involved in some of these operations. In terms of your economic evaluation, what kind of emphasis do you put on the product and its availability otherwise, or is that something that really enters into it here in Canada?

**Mr. Joyce:** I cannot say I do anything on that. When I ask the Ministry of Industry and Tourism or some consultant to come in they certainly look at that, but I am just not competent in that area.

**Mr. Mackenzie:** That may enter into a more

extensive justification procedure. If you had a plant that was the only one, or one of only two or three, producing a certain material in this country, that obviously has some other potential ramifications in terms of a plant closure. If it is not a part of the evaluation of justification, it raises some question in my mind.

**Mr. Joyce:** Without a doubt, MIT get very involved in that aspect. I am just not competent.

**The Vice-Chairman:** Does anyone have any further questions on vote 2405?

**Mr. Mackenzie:** Yes, I do.

**Mr. Vice-Chairman:** Would you like to come back to that after routine proceedings?

**Mr. Mackenzie:** Yes, not for very long, but I do have some other questions.

**The Vice-Chairman:** Fine. I would remind members of the committee then that the estimates of this ministry will be completed at six o'clock. We will finish off vote 2405 and then consider the manpower commission, the human rights commission and the Labour Relations Board.

This committee stands recessed until approximately 3:30 following routine proceedings.

The committee recessed at 12:58 p.m.

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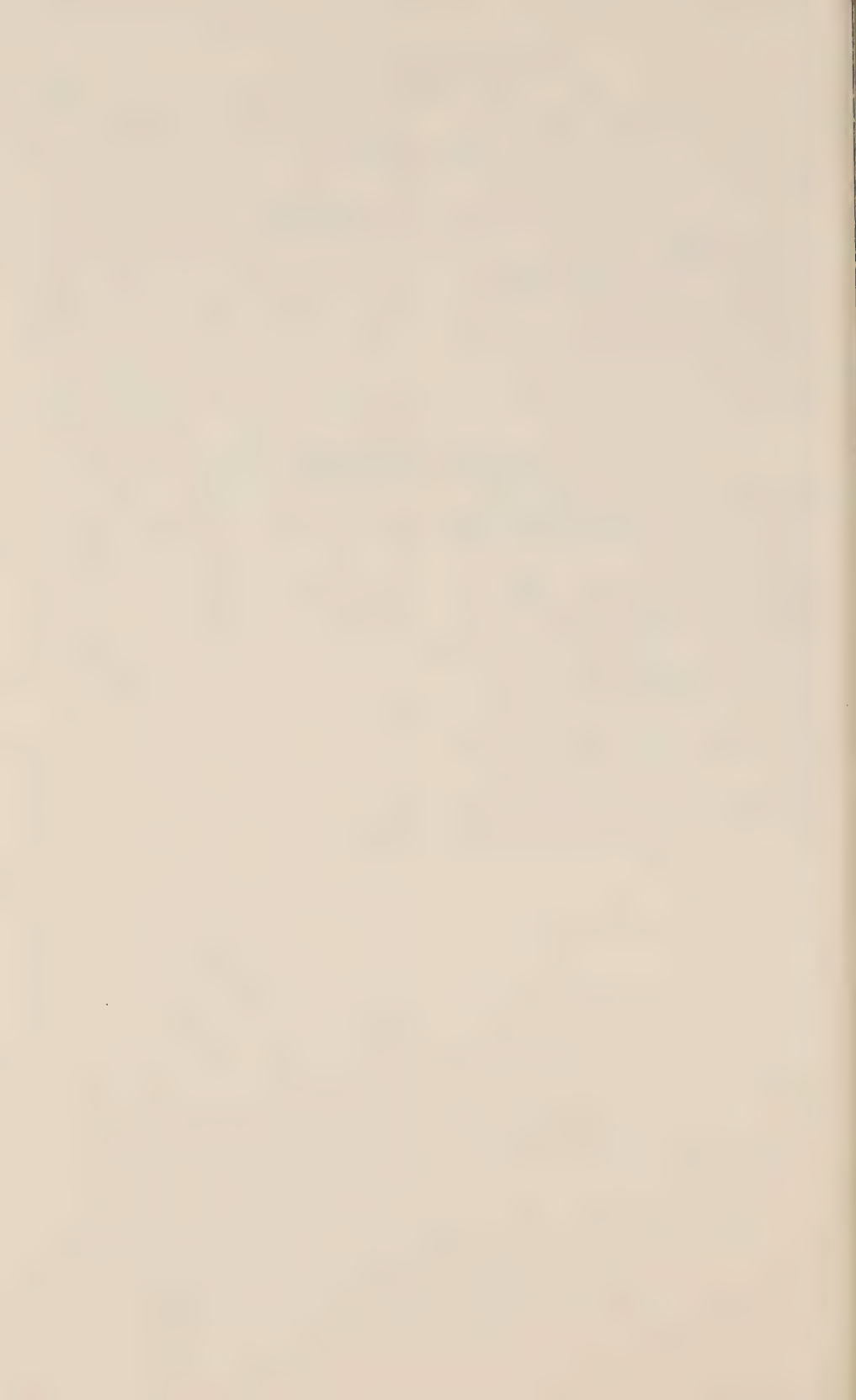
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### **From the Ministry of Labour:**

Armstrong, T. E., Deputy Minister  
 Joyce, R. D., Special Adviser to the Minister, Plant Closure  
 Review and Employment Adjustment Branch  
 Roberts, A., Director, Women's Bureau  
 Robinson, Dr. E. A., Assistant Deputy Minister, Program  
 Administration, Occupation Health and Safety Division  
 Speakman, B., Director, Women Crown Employees Office







Ontario

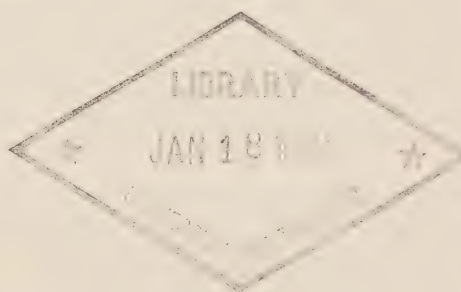
No. S-38

# Legislature of Ontario Debates

## Official Report (Hansard)

### Standing Committee on Social Development

Estimates, Ministry of Labour



### First Session, Thirty-Second Parliament

Wednesday, December 16, 1981

Afternoon Sitting

Speaker: Honourable John M. Turner

Clerk: Roderick Lewis, QC

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# LEGISLATURE OF ONTARIO

## STANDING COMMITTEE ON SOCIAL DEVELOPMENT

Wednesday, December 16, 1981

The committee resumed at 4 p.m. in room No. 151.

### ESTIMATES, MINISTRY OF LABOUR (concluded)

**Mr. Chairman:** I see a quorum. I will call the meeting to order.

On vote 2405, employment standards program; item 1, employment standards:

**Mr. Chairman:** I believe we were on vote 2405 before adjournment. Dr. Fraser Mustard is with us today. As was indicated at the very beginning of these estimates, he was not able to participate earlier. Most likely it would have been under the first vote rather than the present vote 2405.

I do not know if any of the members of the committee would like to question Dr. Mustard. I would like to ask Dr. Mustard to come down. There may be questions on the Advisory Council on Occupational Health and Occupational Safety.

We had extensive questioning, Dr. Mustard, on this for approximately two days. I am sure you may contribute, through some of your comments as to what the advisory council is doing. Mr. Minister, would you like to comment first?

**Hon. Mr. Elgie:** Mr. Chairman, Dr. Mustard is chairman of the Advisory Council on Occupational Health and Occupational Safety. It is a council made up of representatives of labour, management and the public. Perhaps, with your permission, he might want to comment on the role of the council and respond to any questions which might be put to him.

**Dr. Mustard:** Mr. Chairman, the council exists under the Occupational Health and Safety Act and its role is to be adviser to the minister. It takes on tasks in problem areas and provides advice in the form of advisory memoranda to the minister.

Under the act, it is required that all advisory memoranda be made public, at least at the end of each fiscal year. This is done in the form of an annual report, along with the response of the ministry to the recommendations in the advisory memoranda. Therefore there is now a trail of activity, for anyone who wishes to read it, in these reports.

The subjects which have been addressed I am sure have been ones you have been discussing both within the House and in the questioning here over the past year. I would be pleased to answer any questions you might have about any issues or problems the advisory council is involved with.

**Mr. Chairman:** Thank you, Dr. Mustard. If the members of the committee have any questions or comments to be addressed to the chairman of the advisory council, please do so. Mr. Mackenzie.

**Mr. Mackenzie:** This question is not so much on your work or on the work of the advisory council, Dr. Mustard, but on the bind we find ourselves in. There is no question there is a lot of agitation among some of our people for establishing standards, such as for toxic substances, in certain areas. We think they have been an awfully long time coming.

I know you were with us two or three years ago when we were going over the procedures. We thought, obviously wrongly, that we were at the point of establishing the first half dozen standards so they had some effect. We were given a list at that time of substances for 1979-80, 1980-81, 1981-82 and 1982-83. In effect, a subsequent updating of that from the ministry changed, added and moved everything back a year and added some more substances to the list.

What I would like your comment on is what I perceive to be one of the problems. It was a misunderstanding, obviously, on our part, but also I think it is an area that has the ministry in trouble as well in the time it has taken.

I wonder whether you think we should have a method of breaking this down into at least two parts. The first part would be the standards we were looking at and were beginning to deal with the background information on. The second part would be those where we have reached a stage where we can put on a time frame of 1981-82 or 1982-83 and where it is possible to see the finalization of those standards. What we are doing is saying: "You promised these three or four years ago and we never had any of your first list. We are already into the second and third years' list."

I think that has caused us some real problems. I am not sure how it is done. I am not sure if I am putting it very clearly, but I think there has to be some method of breaking the list down to the substances we are working with.

I am not familiar enough with all the stages you go through from the time it is decided something needs to be studied to the point where it has gone through all of the testing or the research stage and is now at least up for input from other parties and is something we have decided we do want to set standards on.

I raised this just before you came today, but if there is some way we could do this kind of a breakdown, we might get a more accurate idea of where we really are on some of these substances. I realize that is more procedure, possibly than—

**Dr. Mustard:** No, it is a very interesting problem in that if one examines it in the abstract it looks incredibly simple. It is when it goes into an operating mode that it becomes very complex.

I guess what you are really doing is trying to take evidence about health effects and translate it into a regulation that is sensible and provides protection to members of the work force.

If any of you take the time to read the asbestos commission testimony, if you have any spare time, there is one estimate of the testimony before that commission which is very revealing when you are probing. It is the testimony of Mr. Warren, who is a lawyer for industry, who argued before the US Supreme Court about the National Institute for Occupational Safety and Health's proposed regulation on benzene.

The outcome was that the United States Supreme Court threw out the NIOSH proposed benzene regulation. But in that testimony, which is part of what is going to be my response to you here, something became very clear. I must say it is a bit of an embarrassment to me since I train people to work in the field of epidemiology. I am embarrassed to have a lawyer do something better than we do it.

In effect, Warren was able to take the epidemiological evidence about the benzene effect and build a substantial case that NIOSH had been in error in its form, sufficient to convince US Supreme Court justices he was right. In the dialogue at the asbestos commission hearing, Lemen, who was one of the NIOSH officials, admitted to Warren publicly that indeed was the case. They had then taken their lesson from a lawyer and applied it to the development of the asbestos regulation.

This epitomizes one of the very fundamental problems and that is that taking this evidence and translating it into a working model is not easy. When a very sophisticated, large country with the resources the United States has has problems with it, I do not think it is at all surprising that trying to do this within our own system is difficult.

I have seen some of the problems. I would say that in the face of all the issues and problems the ministry has done a remarkably good job. It has been open in the process and it has had input from various people.

One of the tasks we, as an advisory council, recognize is the very important issue of trying to develop some guidelines to critically appraise the evidence, which is a root problem in trying to get these regulations forward.

One of my disappointments is the Canadian Centre for Occupational Health and Safety, which should be a national body doing that for all provinces. It has not done it and some of us have been trying to promote their doing it.

In answer to your question, I think if this problem can be properly addressed it would greatly facilitate the whole process. The responsibility for it lies broadly on society, not just within a ministry.

The second point is the open process the ministry has engaged in does take time to allow people to have input into it. If you make it too fast, then other people cannot do it. I think that has been beneficial. You never satisfy everyone in the process, but the advisory council has been impressed with the fact the people who are going to be affected by the regulation, be it management or labour, have the opportunity to come in and make public comment about the proposed regulations.

**Mr. Chairman:** Are there any further questions to be addressed to Dr. Mustard?

**Mr. Kennedy:** Would it be appropriate, Mr. Chairman, to ask about radiation protection services at this point?

**Mr. Chairman:** We dealt with this area, Mr. Kennedy, earlier in the vote, in item 4.

**Mr. Kennedy:** Okay, all right. I just wondered, on page 79 where it says "investigation and follow-up of 80 reported cases of radiation overexposure," that when that question was posed it was not in Hansard. My question is were they cases or just reported cases?

**Hon. Mr. Elgie:** I do not know that the deputy can answer that. The staff, who were all here for two and a half days, are not here now.

**Mr. Kennedy:** I can follow up on that.

**Hon. Mr. Elgie:** If you want to put that question by letter to me, I will have them respond.

**Mr. Kennedy:** All right.

4:10 p.m.

**Mr. Chairman:** Any further questions? I wish to thank you, Dr. Mustard, and ladies and gentlemen of the advisory council, for participating today.

Going back to vote 2405, I believe Mr. Mackenzie was in the process of questioning the minister when we adjourned. Do you wish to continue, Mr. Mackenzie?

**Mr. Mackenzie:** Yes, and I will not be long. I do not think any of it has to do with Mr. Joyce.

**Mr. Chairman:** Does it deal with employment standards?

**Mr. Mackenzie:** Yes. I want to know, first, if there has been any consideration given to a further increase in the minimum wage in Ontario at this time.

**Hon. Mr. Elgie:** As you know, the last increase occurred on October 1. At this time there is no document being worked on.

**Mr. Mackenzie:** In what order do you see Ontario in relation to the other provinces with regard to the minimum wage?

**Hon. Mr. Elgie:** Alberta is \$3.80 an hour; British Columbia, \$3.65; Manitoba, \$3.55; New Brunswick, \$3.35; Newfoundland, \$3.45; Nova Scotia, \$3.30; Ontario, \$3.50; Prince Edward Island, \$3.30; Quebec, \$4; Saskatchewan, \$4; Northwest Territories, \$3.50; and the Yukon, \$3.60. I suppose we rank fifth.

**Mr. Mackenzie:** Fifth or sixth.

**Hon. Mr. Elgie:** Yes.

**Mr. Mackenzie:** Has the minister considered tying the minimum wage to the average industrial wage?

**Hon. Mr. Elgie:** No, the government has not seen fit to tie it to the cost of living. Many feel strongly opposed to the concept of a minimum wage; that is no surprise to you. We have nevertheless continued to address it because we think it is an approach we should take in line with the philosophy that exists in all of the provinces and with the federal government.

**Mr. Mackenzie:** Has the minister's response to our deluge of questions in the Legislature in the last few weeks over protection of workers' wages and benefits in receivership or bankruptcy hearings changed, or do you still feel it is up to the federal government? Have you taken a

look at trying to see if there is a way of bringing in Ontario legislation that would give a higher priority to workers?

**Hon. Mr. Elgie:** As I said in the House, I have already written to Minister Ouellet indicating support for his announced intention to introduce some interim amendments to the bankruptcy and insolvency legislation. I also indicated that we were prepared to consult with respect to a national program for wage protection. There is a matter that we have referred to the Attorney General (Mr. McMurtry). Could you speak on that, Mr. Armstrong?

**Mr. Armstrong:** It relates to the ability of the province to establish a statutory lien, similar to the one established in connection with vacation pay, that would cover severance pay as well. We are awaiting an opinion from the Attorney General as to the prospect of doing that and making it legally enforceable.

**Hon. Mr. Elgie:** The problem with a lien, as I said in my opening remarks, is that the courts have held that a lien cannot interfere with the priorities in a bankruptcy. The kind of thing we have seen happen in that role, I submit, would not be the kind of thing we should want to happen; namely, that the company be forced into bankruptcy in order to avoid that the statutory lien with respect to vacation pay have any priority.

That is a legitimate problem. I hope we all understand that it is deemed to be a little easier to try to restructure situations, as we are trying to do with Admiral, in the absence of bankruptcy proceedings where you have to get the approval of all of the creditors for any arrangements. But I have no hesitation in discussing this with Minister Ouellet.

**Mr. Mackenzie:** I do not want to get sidetracked from this issue but I have in mind the current difficulties at International Harvester. My fear, if it came to the worst in that situation, is where we might be. We are probably feeling the hurt more in the smaller companies, but we have had a couple of big ones recently. It seems that is an area the ministry should be looking at, because invariably it is the workers who have the short end of the stick when it happens.

**Hon. Mr. Elgie:** I am certainly not happy with the position the workers are put in.

**Mr. Mackenzie:** I realize some of this may come under another vote, but do you think it is fair to have this kind of double standard? I am raising this very quickly, because I think they would all come under employment standards if they were properly covered.



The Ontario Public Service Employees Union, as you know, in contract negotiations this year has cited five areas that are bothering them considerably. One is the probationary period, which is one year for them, whereas it is three months in much of private industry. Another is the technological change provision and the fact that the unclassified employees, 17 per cent of the public service, cannot bargain under the Crown Employees Collective Bargaining Act, with the consequent potential loss of benefits and protection. They have no right to negotiate their pensions and their long-term income protection plans under CECBA.

Whatever benefits people might argue public service employees have, these are areas where, it seems to me, they are shortchanged. These are the many reasons all the workers should be under one piece of legislation; there should not be this split jurisdiction that we have.

Does it not bother you, as Labour minister, that these kinds of inequities exist? Would that not be reason enough to make a case for having them all covered under the same legislation?

**Hon. Mr. Elgie:** We talked about this the other day and I indicated that those employees come under the Crown Employees Collective Bargaining Act. If there are any discussions going on about it, I am not prepared to discuss them at this time.

**Mr. Mackenzie:** It simply means we have a double standard for a good number of employees in the province in certain key areas. I think that it is something which causes aggravation and should be of concern to the Minister of Labour.

On another question, what happens to your plant closure and layoff figures with the "under 50 employees" rule we have? Do you have any idea how much the figures will be changed if we had an accurate reading on those plants with under 50 employees?

**Hon. Mr. Elgie:** Dr. Frank Whittingham, can I have the benefit of your research? Would you please come up and comment on that?

**Dr. Whittingham:** Under the cutoff number of 50 we do not have any comprehensive information on layoffs or closures, full, partial or indefinite, against which we could make any judgements as to what our information for that size group means. Comprehensive information in that area does not exist.

4:20 p.m.

**Mr. Mackenzie:** The reason I raised it, Mr. Minister, is that a couple of years or more ago

we raised letters, going back some four or five years, which indicated that we do not have an accurate method of assessing the true picture as to layoffs, plant closures and so on, with the exclusion, in effect, of plants with fewer than 50 employees. Without having some handle on just exactly what is involved, we are in the same position we have been in for better than five years. The ministry admitted that was the case a good number of years ago.

Is there any work going on that would give us a better handle on what the figures actually are? Obviously we are not getting a total picture of employees who are out of work.

**Hon. Mr. Elgie:** Dr. Whittingham, are you able to compare the figures you are gathering with, say, the data that is obtained in Quebec, where I understand they do have some legislation covering plants under 50?

**Dr. Whittingham:** I believe the legislation in Quebec requires firms with 10 or more employees to report indefinite layoffs. The experience in Quebec, based on the information the branch has pulled together from our contacts with people in the Quebec Ministry of Labour, indicates they are having quite severe problems in getting the smaller companies to report information to them, even though it is a legislative requirement to do so.

That really reflects a basic problem of a very high turnover of companies when you get down to the very small-sized employers. It suggests that while you can legislate the requirement to report, unless you are prepared to pay quite a high price with respect to putting resources into it to obtain compliance, you are really in the same situation.

**Mr. Mackenzie:** You are telling me it may cost us a few dollars and we are not sure it is worth it.

**Hon. Mr. Elgie:** We are not hesitant to continue to explore it. What we are saying is that a province which does have some legislative requirement—if I recall the figures you gave me, Frank—is not getting as much data now as we are; certainly no better data. Is that right?

**Dr. Whittingham:** I would have to double check.

**Hon. Mr. Elgie:** We are going to continue to assess the effectiveness of their legislation to see if the information they are gathering really helps us in evaluating the problem.

**Mr. Mackenzie:** My concern is to have an accurate picture, because I do not think we are getting one, Mr. Minister, of the number of

people involved. I think there could be considerably more small firms in Ontario than what is shown.

I guess my final point relates back to some of the questions we were asking earlier of Mr. Joyce. That is whether it does not make sense to have something more than we have to assess the impact of plant closing on the workers, on the communities and on the products. I think we need some kind of justification procedure which will look at something a little bit beyond an economic analysis of the company as to what we can do for the workers after the fact.

**Hon. Mr. Elgie:** I really do not think I can add much to what I have said and what Mr. Joyce has said. It is troublesome to think of setting up a procedure. Companies, whether they are from Ontario, Canada or elsewhere, making a decision about where to set up business surely have to look at the disincentives as well as the incentives. They have to look at Canada as a whole, at Ontario in particular and also at North America in a broader picture. It is our view that that would be a disincentive they would have to take into account.

Having said that, what do you do with this justification procedure? I cannot recall exactly, but in France, where they have the power to require a company to keep operating, it is hard for me to believe it has any real effect. I think the number of companies they ordered to keep going total well under 10 per cent. My impression from people to whom I have talked is that they would simply let the business run down if they cannot close it. One would wonder if they would seriously consider opening it if there were other equal options.

In the meantime, having set the procedure in motion, as Mr. Joyce says, what is going to happen to their customers? Are they going to hang around waiting to see whether or not the company is going to be required to stay open? Or are they going to find optional sources of supply? What is going to happen to employees, particularly the skilled employees who may have many other options? Are they going to hang around to continue producing while they wait to see whether the company is going to survive, or are they going to take other options?

I just think there are a lot of problems with it, in a North American context, where we are already out in front. I mean that.

**Mr. Mackenzie:** We have some differences of opinion there, but a number of the cases before the select committee—certainly Bendix and SKF are two examples—should not have been

allowed to do what they did. I am just wondering when we will come to grips with those kinds of situations.

**Hon. Mr. Elgie:** I understand your approach to it. It is clearly not the one the government has.

**Mr. Mackenzie:** There is a basic difference in our approaches, yes.

**Mr. Chairman:** Are there any further questions to be addressed to Dr. Whittingham? Thank you, Dr. Whittingham, for your assistance.

Are there any further questions on vote 2405?

**Mr. Kennedy:** I have a question about the committees that are established in layoff situations.

**Hon. Mr. Elgie:** Manpower adjustment committees?

**Mr. Kennedy:** It says "manpower committees consisting of employee and management representatives and an independent—"

**Hon. Mr. Elgie:** Manpower adjustment committees. Mr. Joyce can go into that.

**Mr. Mackenzie:** There has been an improvement, I think, in that area.

**Mr. Kennedy:** Yes, I see they really went into effect in this past year.

On what basis is one of those committees established? I see it in companies where 25 or more employees are affected, which would not apply in the over-50 group. Is this something of a voluntary situation or on what basis are they established? We have 68 full closures and 55 adjustment committees. On what basis are they set up? Could you enlighten us a bit on that, please?

**Mr. Joyce:** I guess the starting point is that we are dealing with, and have been dealing with over the years, the federal manpower adjustment committees, and the province has played some part in that. When we embarked on this initiative we wanted to ensure we are not duplicating, so we have been working very closely with the federal department to make sure there was no duplication and to make sure we had the committees in the spots where we felt they would be effective.

Legislation was introduced about a year ago where the minister had the power to have a committee participate in any given closing or partial closure. That legislation, I think, has done a lot of good, both for the federal government and ours. We really have not had to impose it anywhere. On the odd occasion we

have had to remind them that the legislation was there, but if you can have voluntary co-operation it is certainly better than imposing it.

What we have done with those committees—I covered this pretty thoroughly this morning—through provincial participation we have designates on the committees and embark on quite an extensive counselling and skills upgrading program, working with the community colleges. I also commented at length this morning on the success we have had in the pilot projects at Warner-Lambert—shift closure, particularly.

**Mr. Kennedy:** Is there one in place for Admiral?

4:30 p.m.

**Mr. Joyce:** Yes, there is, and we will be working on a counselling and skills upgrading program there as well with the committee.

**Mr. Chairman:** Thank you Mr. Kennedy.

Item 1 agreed to.

Item 2 agreed to.

Vote 2405 agreed to.

On vote 2406, manpower commission program; item 1, manpower commission:

**Mr. Chairman:** We are proceeding now to the sixth vote, page 88 in your briefing manual. Any questions or comments on the Ontario Manpower Commission?

**Hon. Mr. Elgie:** Can I ask Dr. Alan Wolfson to come forward? Dr. Wolfson is the acting chairman of the manpower commission. He has taken a year's leave of absence from that great university to the west of us and a place that will not be unfamiliar—

**Mr. Chairman:** Welcome, Dr. Wolfson, to this committee. Questions? Comments? If there are no questions or comments, shall vote—

**Mr. Mackenzie:** I am intrigued by one of the program objectives in the manpower commission. That is job creation, and maybe I have not paid enough attention to it. The adult occupational training, guidance and counselling training, labour market information, mobility—these are fairly easy to understand, but exactly what are you doing in the way of job creation?

**Dr. Wolfson:** The mandate of the commission is to co-ordinate policy approaches to a number of different manpower areas, including, as you note, the question of job creation. The main initiative being taken by the commission is to co-ordinate a provincial position to take to the federal government in our discussions with them regarding the renegotiation of the Adult

Occupational Training Act and any revisions to the unemployment insurance system which they are now contemplating. It is within that context we will deal with questions of, for example, the developmental uses of UI funds in the job creation area, as well as the skill training aspects associated with job creation.

That reminds me, the other aspect of job creation the commission has responsibility for is with respect to youth unemployment—youth employment strategies. The commission is responsible for overseeing the youth employment envelope which is the vehicle for job creation for youth in this province. It comprises a number of different programs: the Ontario youth employment program; the Ontario career action program; the experience program, which is a public sector job-creation program; and the junior ranger program, as well as youth counselling centres identifying employment opportunities for unemployed youth.

**Mr. Mackenzie:** Would a situation that I raised in the opening statements have any relevance to job creation? I am referring to the four women who were doing the kitchen work at Strathallan College in our area, one of whom was let go at the insistence of the management of the school—over the objections of the immediate supervisors, I found out. Three of them, all of whom were part-time workers, all women in the 50 to 60 age category, had to do the same work and do it in the same period of time. If they did not like it and could not do it, they could leave.

One of the problems the women pointed out to me was that if they left they suffered a penalty in their unemployment insurance. I am just wondering, when you are looking at job-creation programs does that get us too much into the federal field, or is that not an area we obviously have a concern for?

**Dr. Wolfson:** Certainly the primary responsibility for the administration of unemployment insurance system lies with the federal government. The province, however, does have a concern in that area and a responsibility to have input into development or whatever changes they are contemplating in the unemployment system. That is, as you might understand, at a fairly general level of policy at the present time rather than specific detail of the operation of the system.

**Mr. Mackenzie:** Mr. Chairman, I have a little bit of difficulty here in that I may be out of the area we are voting on totally, but may I ask the



minister what avenues he has in terms of dealing with his federal counterpart on UIC matters? This situation which concerns me has just developed. But there is also one we dealt with where UIC benefits were denied car wash employees during the Stelco strike, a denial which has now been set aside. The case was so bloody obvious they never should have been put through the weeks and weeks of denial they were.

Do we have any method of dealing with the jobs that can be involved in income lost through problems with UIC?

**Hon. Mr. Elgie:** In the cases you are talking about relating to Stelco, I tended to agree with the position you had taken. Indeed, when I was in Ottawa seeing the Minister of Employment and Immigration about another matter I took that up with him, but his position remained adamant. He felt they were quite proper in the position they had taken. I guess the only direct avenue I have is the personal line of communication to the minister and we have had good working relations in the past.

**Mr. Mackenzie:** You realize, of course, that no matter how adamant he was when you were talking to him, he has finally tried to make a fair amount of mileage with a great big press release about how they were now going to cover these people many weeks after the fact.

**Hon. Mr. Elgie:** I understand that. He did not mention my name in it though. Neither did he mention yours, so I felt comfortable.

**Mr. Mackenzie:** I just wondered. I realize it is a little off base. I do not have any questions actually.

**Mr. Chairman:** Thank you, Mr. Mackenzie.

Item 1 agreed to.

Vote 2406 agreed to.

On vote 2407, human rights commission program; item 1, human rights commission.

**Mr. Chairman:** Any questions or comments on the Ontario Human Rights Commission?

Mr. Brown, would you like to take a seat—and Mr. Stratton and Mark Nakamura?

**Hon. Mr. Elgie:** Dr. Crittenden, the chairman of the commission, is on her way here, but in the meantime I think Mr. Brown can get things going for us. Dr. Ubale is on vacation at the moment and he will not be here.

**Mr. Chairman:** Welcome, gentlemen. Are there any questions members would like to address to the representatives of the human rights commission?

**Mr. Mackenzie:** If none of the others has any I have—but I am going to have to find my sheets first.

**Mr. Chairman:** Two people are on the way here. I am sure you have some questions.

Do you want to improvise a little, Mr. Kennedy? Page 89 in your briefing book I am sure will provide you with some adequate background material to comment or pose some questions.

**Mr. Dean:** I am not sure this is valid at this point, but it is something that has bothered me a little bit during the whole discussion about Bill 7. Maybe these people from the commission can set my mind at rest.

Has the commission had many or any items referred to it where people feel that an affirmative action program militates against them unfavourably?

4:40 p.m.

**Mr. Brown:** Not very many. We have one or two where applications have been made and we have looked into it. These were affirmative action programs in favour of females, and males raised objections. Once we clarified what the terms of affirmative action meant in the particular context in which the objection was raised the matter subsided.

**Mr. Dean:** You were never required to make a ruling on it, were you?

**Mr. Brown:** Yes. Under section 6(a) of the existing code, there is provision for voluntary affirmative action. They call them special programs for people who are protected under the act. But these applications have to be voluntarily submitted by employers.

**Hon. Mr. Elgie:** But I think he was asking, in the case of the female affirmative action program, about the person who complained affirmative action was interfering with his ability to get a job or to get advancement. Did you ever have to make a determination of that issue or was it resolved with discussion? That is what he was asking.

**Mr. Brown:** It was resolved mainly with discussions. Sometimes people have a complete misapprehension as to what the term means. It in turn engenders fear and other motives.

**Mr. Dean:** Do you see an increase in the number of apprehensive people because of the changes that will be brought through in the amendments to the act?

**Mr. Brown:** I do not know if I can gauge that for you with precision. Affirmative action, as it

is popularly bandied about, connotes reverse discrimination. A lot of people equate affirmative action with reverse discrimination. In our view, they are not substantially the same thing.

I think a lot of educating will have to be undertaken to remove the fear affirmative action now seems to cause. People are very concerned about jobs now and if this were to prevail I could understand it would increase apprehension.

I think a lot of the fear is caused by the way it is popularly portrayed in the media. We recognize this and we are going to deal with it by explaining exactly what we mean in the context of Ontario.

**Mr. Dean:** So the commissioner is probably going to put out some literature?

**Mr. Brown:** Yes.

**Mr. Dean:** I guess we will all be getting millions of copies of it when it comes out.

**Hon. Mr. Elgie:** The present section does not differ materially from the new section in Bill 7, does it?

**Mr. Brown:** No, only in the sense the commission can now recommend—

**Hon. Mr. Elgie:** For consideration.

**Mr. Brown:** That is right.

**Mr. Armstrong:** Just for the record and for clarity, I think this is what Mr. Brown said. Mr. Dean's specific question as I understand it was whether or not any individual had made a formal claim that he or she was discriminated against because of the imposition of an affirmative action program, which claim had gone for adjudication. I think the answer to that is clearly no. There has been no adjudication of that sort before the commission.

**Mr. Brown:** That is correct.

**Hon. Mr. Elgie:** By the commission or by a board.

**Mr. Brown:** That is right. Where questions have been raised about it, we have been able to deal with it through discussion and the explanation of what we mean by it.

**Mr. Dean:** Yes, thanks for clarifying that.

**Mr. Sweeney:** I have two questions, Mr. Chairman. The first one deals with the recent controversy with respect to the police complaints bill. I have a connection to make; just give me a couple of seconds.

One of the public objections—in many cases coming from the various ethnic communities around the city—was they felt uneasy about

having to deal directly with the very police officer or a colleague of the police officer who they felt had created the problem in the first place. Given that in some of those cases there are racial overtones, what is the relationship, if any, between the commission and the Metropolitan Toronto police department with respect to this whole issue?

Have you been involved in it to any degree? Do you have personal comments on it? Were you asked to comment on it? Has your commission made any input?

I realize they are two separate issues, but I see a potential link between them and I am wondering if there is one.

**Mr. Brown:** Mr. Minister, I do not know if I can go into the specificity of any information the commission might have brought to the attention of the Attorney General (Mr. McMurtry). Historically, the commission has always received complaints from minority groups who claim they have been harassed by the police. If it is merely a question of interaction between a minority group person and the police, we have no jurisdiction and therefore we refer matters to the police complaint bureau.

As you may know, there is a cabinet committee on the whole question of race relations. We have a particular section in the commission under the direction of the race relations commissioner. These in turn would have had discussions from time to time on the particular aspects of the whole question of the independent police complaint bureau. I do not know if I can get into the intricacies of the discussions that might have taken place.

**Mr. Sweeney:** Your answer partially reflects what I am trying to get at in the question. It would seem to me reasonable that at certain times the complaint would come to you first, because it would be perceived as having broader implications than just police harassment. It would be perceived as having human rights overtones or racial overtones.

**Mr. Brown:** That is right.

**Mr. Sweeney:** With that kind of background of experience, I guess what I am really reaching for is to learn if you have had any opportunity to make an input to this entire discussion; that it might be desirable to have an independent complaints commissioner rather than the process which seems to be being followed now.

If I am on thin ice—

**Hon. Mr. Elgie:** That is a policy issue I do not

think the executive director of the Ontario Human Rights Commission should get into, John; I really do not.

**Mr. Mackenzie:** Ask the minister.

**Mr. Sweeney:** Does the minister want to pick it up?

**Hon. Mr. Elgie:** The minister supports the position taken by the Attorney General with police complaints.

**Mr. Kolyn:** Same here.

**Mr. Chairman:** Are there any further questions, Mr. Sweeney?

**Mr. Sweeney:** Yes, I have. One of the reservations that came up late in third reading of the bill was with respect to alternative independent schools' rights to circumvent some of the code and hire certain kinds of people who related more directly to their particular operation.

When the question was posed to the minister—and I think we are at section 23 or 24, one of the two—

**Hon. Mr. Elgie:** Section 23(a).

**Mr. Sweeney:** —the minister indicated that as far as he could tell, it was covered. My question, however, is to what extent has that question arisen with the commission itself? How often, if at all, have you been approached by someone saying: "I applied for a job at such and such an independent or alternative school and I was not hired because they said they wanted someone who had this particular kind of background. I think that is discrimination"? Has that been a major problem and what has happened with those kinds of cases?

4:50 p.m.

**Mr. Brown:** First, that has not been a major problem outside of the Catholic schools. However, you may know that in section 47 of this code there is an exemption for matters of that nature. If a particular school were to come to the commission and say, "By virtue of a particular religion we need to hire someone who subscribes to our religious belief," and it is in a private school, then that exemption would be granted.

The only problem we have had, and we are speaking frankly, is the question of the Roman Catholic school system. I do not want to impute any motives, so I will give you the factual situation. If there is a shortage of teachers in certain areas, it would appear the Roman Catholic school system would hire Protestants in certain situations. If that supply were to

increase at another time and there were Catholic teachers available, then Protestants would not be hired.

As you may know, there is under the British North America Act, and also under the code, relief for that sort of situation. But in general it has not been a problem.

**Mr. Sweeney:** My question was specifically directed at the other schools because there is particular protection for the separate schools under the act. I am aware of that.

**Mr. Brown:** No, it is not a major problem.

**Hon. Mr. Elgie:** But have you had cases?

**Mr. Brown:** I cannot recall of any cases, unless you can, Jim.

**Mr. Stratton:** No.

**Mr. Brown:** But we have had quite a few applications for exemptions for those schools. The commission has dealt with them.

**Mr. Sweeney:** So the concern that has been expressed by some of the alternative and independent schools, specifically with respect to the most recent bill, is not borne out by your actual experience?

**Mr. Brown:** No.

**Mr. Sweeney:** I guess until we have a test case we will not really know for sure, because I sense that was what was contained in the minister's answer when the point—

**Hon. Mr. Elgie:** Yes, no one can pre-judge what a particular situation will be, but the wording is essentially the same in the two exemption areas.

**Mr. Brown:** That is right.

**Hon. Mr. Elgie:** It has not been a problem to date.

**Mr. Brown:** No.

**Mr. Chairman:** Any further questions?

**Mr. Mackenzie:** I am wondering if we could have a bit of a response to recommendation three from the recent Ontario Federation of Labour convention. Although it is under the Ministry of Labour I am not our human rights critic; that is Mr. Renwick and he was not able to be here today.

When I called the office recently, Mr. Terry Meagher raised the point with me, very strongly, about recommendation three. One of the OFL's recommendations at the convention was that labour must continue to demand that the Ontario government provide the necessary increase in staff and money to the Ontario Human Rights Commission in order for it to



clear up the excessive backlog of complaints as well as perform effectively in areas of community, race and ethnic relations in public education.

Specifically he was dealing with the backlog in cases that had been of real concern. It could be six months before you processed a complaint that had been lodged and this was having the effect of lowering the number of complaints because people had really given up on it.

What he raised also as a matter of concern was that we have gone through the whole process of setting up Bill 7, and it may be a little bit empty if we do not do something that resolves the problem of the time and the backlog of complaints we have had even under the existing legislation. That, I gather, got a fair amount of debate and was one of the areas they were really concerned with. Can you give us some idea of what is happening in that area?

**Hon. Mr. Elgie:** First of all, can I just say the commission—and Mr. Brown can speak for himself—agrees the six-month limitation of action will be of considerable assistance in not having to process complaints that may have had their origins—in many cases—several years ago and which require a very extensive and prolonged investigation.

Secondly, as you know, the commission has also introduced an expedited complaints process. I guess they have not been at it long enough to really evaluate the effectiveness of it, but to date they feel it is going to be much more effective in expediting the handling of complaints.

In addition, there was a considerable addition to staff, particularly in the race relations area, but also in other areas. If I understand the commission correctly, they feel that the addition of a permanent counsel to their staff has facilitated decisions about matters greatly.

I think what you really want to know is what is happening to the backlog that has developed over the years under the existing act.

**Mr. Mackenzie:** Until recently it was totally inadequate in dealing with new complaints.

**Hon. Mr. Elgie:** Yes. Mr. Brown, maybe you could comment on that.

**Mr. Brown:** Maybe Jim Stratton can give Mr. Mackenzie his overview of the statistics and give an indication as to the dent that has been made in what is commonly called the backlog.

**Mr. Stratton:** Yes, there is no doubt that until a year ago there was very serious concern about the escalating number of unresolved cases. That essentially peaked in September 1980 and the number at that time was 1,177.

In the past year, as a result of the development of what we call an action plan, which looked at a number of little things to ensure that cases proceeded at the maximum rate of speed, we have been able to increase our productivity considerably. My last figure is at the end of September and we have trimmed 331 cases from the previous figure and now we stand at 844.

The other major thing—

**Mr. Mackenzie:** Can I stop you for just a minute?

**Mr. Stratton:** Sure.

**Mr. Mackenzie:** The 844 cases you have now; do you still have cases that are taking six months to process?

**Mr. Stratton:** Yes, we do, depending on the particular issues involved in the case and on the complexity of the allegations.

**Mr. Mackenzie:** Is this seen by your department as as much of a problem as it obviously was when I talked to the people at the Ontario Federation of Labour?

**Mr. Stratton:** I think my principal concern over the past year, as the director of the compliance area, is our ability to cope rapidly with the complaints coming in.

**Mr. Mackenzie:** The proposition that was made to me was that the backlog was just simply too big and the time period too long and that this, in itself, could have the effect of reducing complaints at a time when what is developing in society is likely to mean that there should be more complaints: the beginnings of a real campaign or attempts by some group to start a campaign against racism; the fact that people are beginning to realize they have rights to complain; minority groups, women, ethnic groups, that you cannot just take for granted but that have a right under the law.

Rather than this happening, part of the reason for the decline was simply that some of the people involved were losing faith, in effect, in the ability of the ministry to respond soon enough.

**Mr. Stratton:** I do not think that is borne out statistically. Certainly the number of new complaints we are receiving month by month has not increased substantially.

**Mr. Mackenzie:** Has the number of complaints increased or is it pretty well static?

**Mr. Stratton:** It is about the same. We are receiving between 70 and 90 complaints per month.

**Mr. Mackenzie:** What is the prognosis for a further decline if you have it down to 844 and have clipped some 300 and some cases off?

**Mr. Stratton:** I think there will be a further substantial and accelerated reduction of cases, because we have now introduced an entire new system of processing cases called rapid case process. This process differs substantially from how we investigated prior to this, by providing an early opportunity for settlement and also by limiting the number of issues that may be in dispute if an extended investigation is required.

**5 p.m.**

Basically, the new feature is that as soon as a complaint is taken we try to get a face-to-face meeting between the parties to discuss the issues and to try to narrow the issues in dispute. If we can reach agreement or resolve the differences of opinion, it provides an opportunity to settle the case right there and then, within the first six weeks of when the complaint is taken.

About 50 cases have gone through this new process and over half of them have settled. That will really accelerate our ability to handle complaints quickly and will also give my officers more time to devote to those cases that require extended investigation.

**Mr. Mackenzie:** Is there a parallel between this approach and the 37(a) deal in respect to grievances?

**Hon. Mr. Elgie:** It is not an option because it applies to the whole system. In that sense it is not an option. It is an expedited feature, but it is not an optional expedited feature.

**Mr. Stratton:** No, we are trying to do it in every case, but if either the respondent or the complainant refuses to attend the fact-finding conference, we just have to revert to the normal process, but so far no one has refused to attend.

**Hon. Mr. Elgie:** Have you had to put on your jackboots or anything?

**Mr. Stratton:** Never.

**Hon. Mr. Elgie:** No horned helmets or anything like that? Funny, you look as if you wear one all the time.

**Mr. Brown:** Mr. Chairman, another feature which Mr. Mackenzie might be aware of will be the ability of the commission to deal with what is called in Bill 7 frivolous and vexatious complaints up front. Often, in our experience, those take more than the normal time because you are sometimes dealing with raw emotions over a simple matter, or it could be someone trying to get back at someone.

One should know that people protected under human rights legislation sometimes use the legislation for purposes for which it was not intended, so we will be better able up front to cut down on a lot of those complaints that are so depicted and characterized.

**Mr. Mackenzie:** What are the steps you go through when you get a complaint? Can you quickly take me through them?

**Mr. Stratton:** The new rapid case system? Okay.

Basically, our intake officer would normally field a telephone call and make arrangements to meet with the complainant at the earliest possible convenience. In anticipation of that meeting, what we are now doing is sending out quite an extensive questionnaire which we ask that they bring to their meeting. We have found that this has been helpful because it gives the complainant a focus on the precise nature of the complaint and maybe give some thought as to who his witnesses may be and sort of recall the circumstances.

Based on the information provided in the questionnaire and additional information that would be obtained during the course of the personal interview, the complaint form would be drafted, signed and filed and given a registration number.

Rather than personal service, we then—and this is another new step—immediately mail out the complaint form to the respondent by registered mail and we send a package of information explaining our procedures and a copy of the code. Also we send the respondent a questionnaire, asking for certain basic information and asking him to respond specifically to the allegations.

Once we have that information in hand, we try to set up the fact-finding conference. We try to have the fact-finding conference take place within three weeks of receiving the respondent questionnaire. Our investigating officer will look at those questionnaires and, if there are key witnesses or key people or documentation that should be obtained, will try to do a preliminary investigation in order to get as much information as possible leading into that meeting.

The fact-finding conference is simply a meeting between the complainant and respondent, chaired by the investigating officer. The information obtained there would be admissible in any subsequent court proceeding. They will go through the complaint form point by point and try to get each person's view as to the allegation

and what evidence and what documentation and what witnesses they would be relying on in order to support their evidence.

In a lot of instances that discussion will lead to a point where the misunderstanding will be resolved. If that happens, there will be a break in the meeting and then they will go into settlement negotiation. We have been successful in getting a lot of them to settle.

In the instance where we cannot get a settlement, it is usually because there is a real dispute around certain facts, but at least the officer has a much greater understanding of the dispute. Thus when the officer does what we call an extended investigation, where he has to go on site and interview people and look at the plant and look at the procedures or whatever it is, the officer has a much clearer idea of what evidence needs to be obtained in order to resolve the dispute, so our investigations are taking a much shorter time.

**Mr. Mackenzie:** What is the next step if you have not been able to resolve it?

**Mr. Stratton:** After an extended investigation there will then be a formal conciliation meeting where we will review findings and try to settle it again. If we cannot settle it at that point, it is referred to the commission and the commission makes recommendations to the minister as to whether or not there is sufficient evidence to appoint a board of inquiry.

**Mr. Mackenzie:** How do we stand in terms of boards and numbers? For example, how many boards were called for, say in 1980-81? Is it 57?

**Mr. Brown:** We have on the books, Mr. Mackenzie, 57 in 1980-81. I think that figure is slightly misleading in that it is a compressed figure. We have about 120 boards, but there are cases where you have three or four complainants; those are individual boards, but they are against the same respondent, so 57 is a compressed figure.

**Mr. Mackenzie:** Fifty-seven may, in fact, be requests for 100 boards?

**Hon. Mr. Elgie:** The same issue, the same respondent.

**Mr. Mackenzie:** How many have been heard?

**Mr. Brown:** Approximately 40 since April 1. Since April 1, I think 40 boards have been appointed in this fiscal year.

**Mr. Mackenzie:** How would you relate that yearwise? You said 57 boards were called for, which was a condensation. At the time those 57 boards were called for, in the same period how many were actually heard?

**Hon. Mr. Elgie:** How many decisions were reached in the same time frame; not necessarily the same cases, but how many board of inquiry decisions?

**5:10 p.m.**

**Mr. Brown:** Somewhere in the region of 20.

**Mr. Mackenzie:** Someone had told me 15 and that is why I was wondering.

**Mr. Brown:** This 15 is also compressed.

**Mr. Mackenzie:** Would that be a cause of concern? I am not familiar with it, so I am asking legitimately. It seems to me 57 boards is a compressed figure and 15 or 20 heard would indicate there is a fair gap in the settlement where you had to go to the final step.

**Hon. Mr. Elgie:** You are facing a lot of delay in setting up a board, proceeding with the hearing and then getting the final decision.

**Mr. Brown:** We wish to see a greater time reduction in that. I think that is why Bill 7 has to make statutory provision for that process.

**Mr. Mackenzie:** So this more or less underlines the case made by the Ontario Federation of Labour that we have been having, at least up until now, a problem in finalizing complaints.

**Mr. Brown:** Yes, we have had a lot of talks with Mr. Meagher over the years about this. I think one has to bear in mind speed as opposed to satisfactory resolution. The complexity of cases often dictates the speed at which resolution comes.

**Mr. Chairman:** Are there any further questions?

**Mr. Mackenzie:** Yes, I am wondering what the reaction of the ministry is to the concern and current campaign of the federation on racial discrimination, whether it is the leaflets they are now putting out or the television ads they are running.

**Mr. Brown:** What the commission's—

**Mr. Mackenzie:** The OFL sees it as a serious problem at this point. Is that view shared by the human rights commission? Do you see merit in the campaign they have going or does it concern you?

**Mr. Brown:** The answer is yes. I think the commission itself has expressed its appreciation to the Ontario Federation of Labour. That was mentioned recently with respect to the anniversary of the human rights celebration.

**Mr. Nakamura:** The race relations division has supported the campaign and appreciates the initiatives taken.



**Mr. Mackenzie:** Are you making any effort to tie into it or to improve it or to carry it out and increase the effect of it substantially yourself?

**Mr. Nakamura:** Yes, we have. We have been in direct contact with the director of the human rights program for OFL. We have been working with that person, with respect to the OFL initiatives to promote the union effort to combat racism through its human rights committees locally. It is our understanding the OFL is also arranging public forums through their local human rights committees. It will be drawing upon the resources of the human rights commission in that regard.

**Mr. Mackenzie:** How about their advertising campaign? Have you thought of tying in with that? Has it been suggested?

**Mr. Nakamura:** Yes. You may be aware the Ontario Human Rights Commission has also been running an advertising campaign with respect to promoting harmonious race relations through its advertisements in the TTC.

**Mr. Mackenzie:** We were talking about the six-month time frame. Is it your opinion that when you are before these estimates or whoever is before them a year from now, that we are not only going to have cut that backlog still further but that we might be dealing in something less than six months?

**Mr. Brown:** I can go into Shakespeare for that: "If you can look into the seeds of time and say which grain will grow and which will not." However, I can tell you the cases will greatly increase in both the grounds of discrimination and the complexity.

**Mr. Mackenzie:** That is exactly why I am asking. The proposition that was put today by the—

**Mr. Brown:** At the same time we are working on internal efficiencies. I cannot definitively tell you the turnaround time right now. Once we tool up for it and look at the resources we have and the number of cases before us, we will be in a better position to come up with an efficiency figure for you which we think will be reasonable.

We will be in a better position to deal quickly with the frivolous complaints. That will also have implications for the total caseload before the commission.

**Mr. Mackenzie:** Do you have any idea what percentage of the complaints fall into the frivolous category?

**Mr. Brown:** I could give you the dismissal rate of complaints, but at the same time I would not wish to say that all the cases that have been dismissed were frivolous. A lot of times you are not only dealing in human rights with arid legal issues, you are dealing with interrelationships between people.

**Mr. Mackenzie:** And the emotions you are talking about too.

**Mr. Brown:** That is right. So even though provision is made in Bill 7 for dismissal of frivolous, vexatious or malicious complaints, you cannot dismiss those out of hand. You would not be improving human relations within the factory or office if you do not find out what is causing the friction. Even when complaints are dismissed for want of substance, a lot of time and effort goes into improving the climate in which people operate in a multiracial and multicultural society.

**Mr. Mackenzie:** I spent an extra minute or two on that because I think the concerns expressed to me by my friend, Mr. Meagher, were sincere and straightforward ones to trigger another area of some potential problems. When he said it, I think he meant it: Bill 7 could turn out to be a bit of a hollow victory if we are not able to resolve the backlogs and the complaints. There are going to be more of them and we are running into the same situation.

We may have done one hell of a lot of work without really improving the situation. That is why there is going to have to be some close monitoring of what goes on in terms of complaints under the human rights code. Mechanisms will have to be worked on almost constantly to speed up the processes and to kill the backlog and to be able to deal with whatever we are now going to be getting as a result of Bill 7. I think it is a warning flag that should be there, Mr. Minister.

**Hon. Mr. Elgie:** I will not give you any argument. Really, it is hard to estimate what the caseload is going to be with the new areas. I do not doubt there will be some startup problems in the first year, but I guess we will have to wait and see.

**Mr. Sweeney:** Can I have a supplementary on the very issue you raised? It has been stated in the last few minutes that it is likely there will be more cases since the grounds of discrimination have been widened. It is also likely the cases will be of a different nature simply because of the different grounds.

What is happening to your staffing because of those two factors: the likelihood of more work and the likelihood of a different kind of work?

**Hon. Mr. Elgie:** We will have to make some estimates, inaccurate though they may be, about projected caseloads. We will endeavour to obtain increased funding for them to try and increase staff and, in addition to that, there will have to be some considerable work—George and I meant to talk to you about this—

**Mr. Brown:** Yes.

**Hon. Mr. Elgie:** —on some guidelines and instructions and educational programs for staff in the areas which are quite new to this province.

**Mr. Sweeney:** The whole area of the disabled would have to be—

**Hon. Mr. Elgie:** Yes, it will be a big area.

**Mr. Brown:** That is right.

**Mr. Sweeney:** That one alone is going to—

**Mr. Brown:** In addition, the structure of this act is slightly different from the prevailing one. The chairman of the commission met with us yesterday, with our legal counsel, to set the terms for new education, new seminars and what specialists we will need to assist us with respect to the special area of the handicapped. These are in the works and they are being given serious consideration.

5:20 p.m.

**Hon. Mr. Elgie:** I would suspect that in legal counsel they may have references and consultants on a variety of medical issues related to the physically disabled and disabilities of other sorts.

**Mr. Mackenzie:** Does the ministry have any means of taking a look at a company's recruitment policies over a period of time and not just over an individual complaint, so we get some idea of the actual policy of a company? If you have a charge of discrimination in hiring, I am not sure if we can get a true picture unless we had taken a look at recruitment policies of various employers over a period of time.

**Mr. Brown:** We do that; we have to—and Mr. Stratton may want to elaborate on that. That would be basic to the investigation process because in the whole area of discrimination, one is dealing with how people are treated on a comparative basis. One can only do that if one looks at the recruitment practices, the pattern of promotion and whether we are talking about sex discrimination or race discrimination.

Unless you can get a look at what has been

happening so as to come to grips with the special issue before you, you are at a disadvantage in drawing any sensible conclusion from the investigation.

**Mr. Mackenzie:** Finally, Mr. Minister, have you made any decisions on where you are going in dealing with the Ku Klux Klan in this province?

**Hon. Mr. Elgie:** In Dr. Ubale's absence, Mark, can you talk about what educational endeavours are going on in that area?

**Mr. Nakamura:** Right. In response to the KKK in the schools—you may recall part of their recruiting campaign was to try to get into the high schools—we have met with Dr. Ubale and with all the directors of the boards of education in Metropolitan Toronto to discuss his concerns around that issue.

In response to that we also prepared a resource package in which we outline specific policy ideas and program ideas school boards could initiate to combat the influence of the KKK. That was very well received by the local directors and has now been distributed to every board of education in the province. In turn, we have been receiving calls for assistance in implementing the recommendations contained within that package.

Also, Dr. Ubale forwarded to the media locally an interesting article produced by the Columbia School of Journalism outlining how the KKK may often utilize the press to further their own aims and objectives. This was brought to the attention of the press and to the media.

Those are some of the preventive efforts we have made. We are also working with the churches to promote local educational activities within the congregations throughout Ontario.

**Mr. Chairman:** Do you have a supplementary, Mr. Sweeney?

**Mr. Sweeney:** Yes. The Dan Hill report to the Attorney General's office with respect to destructive cults recommended there should be an educational program. In my mind there are similarities between the KKK and the destructive cults in their exploitation of people. Have you been involved in that area at all? Have you been requested to be involved in that area at all?

**Mr. Nakamura:** Not specifically that I am aware of.

**Mr. Brown:** No, Mr. Chairman, I think that is a very sensitive area. We get into this area on creed; if it is the matter of discrimination based on creed, then the commission deals with it. But

I do not think at this stage, given the tools we have for assessing accurately where cult sets in and where creed, as we know it under the code, leaves off, we are ready to drop into it.

Strange as it may seem, one of the issues that has been brought to our attention is a claim from one of the groups that another group has been bad-mouthing them in the press and attributing all sorts of evil things to them. It has come to the attention of the commission.

That, I can tell you, is a very difficult potato to handle, but we have taken it and have had discussions with legal counsel to determine the limits of any intervention we may get into. We have had no sort of formal program to deal with that area.

**Mr. Kolyn:** Mr. Chairman, through you to the minister, on page 98 under race relations, it says "consultations," and I notice the figure for 1978-79, which is 881, went down to 92 in 1980-81. To what do you attribute this decline?

**Mr. Nakamura:** The drop in the number of consultations is attributed to the growth of the program where we endeavoured to put more resources into more long-term, project-oriented activities as opposed to short-term consultations for short-term assistance.

If you have noticed the decline with respect to the number of what we call short-term consultations, you have also noticed an increase in a number of long-term projects we have been able to handle. We feel it is much better to put our resources in long-term project activities through various committees, working with committees directed at the institutional level for ongoing policy and program development, than to allocate our resources on individual, short-term projects which fall under the general rubric of consultation.

**Mr. Chairman:** If there are no further questions, I would like to leave the chair and perhaps have the opportunity—I have never done it before, Mr. Minister—to address one question to the representatives of the human rights commission.

Perhaps I could ask Mr. Gordon or Mr. Dean to replace me.

**Mr. Sweeney:** Just stay in the chair.

**Mr. Shymko:** Is that all right? I will, however, turn the meeting over to Mr. Dean.

My remarks, I guess, would have been appropriate if Dr. Ubale was here, but I would imagine Mark and Mr. Brown could answer some of these questions.

First of all, I would like to congratulate the

minister on Bill 7, on the agony and perhaps the ecstasy of having accomplished what you have done. In dealing with the area of the race relations commission and that particular division I think with the changes in the bill we are faced with the most difficult task of perception. When we speak of the mandate of that commission in educating, in building a climate of mutual respect, a climate of understanding, it is dealing in the world of intangibles and in the area of tolerance, acceptance of one another.

I have a feeling, and this is what I wanted to share with you, there is a misunderstanding, a terrible misconception of the role of that particular division and the race relations commissioner, as we have seen in the terrible and unfortunate attacks he has very often been subjected to in the media—perhaps in certain media.

My understanding of the mandate is that it is a mandate that is much wider than people perceive it to be. The term race relations commissioner for some reason ticks off a reaction in people that Dr. Ubale in that division deals specifically only with the visible minorities or the problems of visible minorities. Am I wrong in assuming that the task and the mandate of that division and his role is to build that new climate, to create an atmosphere for all residents of Ontario, not only on the basis of their racial makeup, but also on the basis of ethnicity, on the basis of religion or creed perhaps?

5:30 p.m.

When you look at the code, it speaks of race, creed, colour, nationality, ancestry, place of origin—in other words, a mandate that is much wider than what people think it is; dealing with visible minorities within the framework of a society that is basically or essentially a white society—in other words, the racial aspect.

When we deal with fighting racism, it for some reason implies only that part of a mandate that is much wider. Is my understanding correct? In ongoing activities you describe the race relations area as programs designed to prevent and resolve racial, ethnic and religious tensions in society and frictions which exist. In other words, would it be not advisable, if we have a problem of perception, to speak of communities—to speak of immigrant communities, of religious communities, of ethnocultural or ethnic communities—and maybe call it a community relations commission or division, and community relations commissioner, to really stress this point?

A lot of these ethnic minorities—and this is



the problem many of us may face—have to be convinced. We have to say to them: “The problem of Dr. Ubale is not simply to deal with visible minorities. You are affected by that. You, as religious communities, have a lot at stake. The mandate and the difficulties he is experiencing are not just limited to that area.” Yet there is that perception.

My question is do you see a problem of perception and is that mandate as wide as I perceive it? Or is there an erring, perhaps, on that mandate?

**Mr. Brown:** Mr. Chairman, I think your observations are very perspicacious. I will tell you why.

When we started on this program prior to the setting up of the race relations division, it was called the community race and ethnic relations program. We have veered away from the community relations title to avoid the connotation of community development which, as you may know, comes within the province of another ministry.

It has been our experience that we ought to give visible minority groups—and you may take your mind back to what happened on the subway system, when Asian people were beaten up and were harassed on the streets—a certain priority. That is not exhaustive of our concern. We are talking about priority and hot areas we were dealing with at that time.

There are certain visible minority groups that sometimes have problems transcending the question of visibility and that go into the area that they are from a different culture. Sometimes the two things go together. However, in the ministry we have multicultural relations programs addressing themselves to some of those activities.

If you notice in Bill 7, section 28, where the functions of the commission are enumerated, that whole ground of discrimination will be the concern of the commission, whether you are talking about race, ethnicity, the handicapped, or whatever. I am sure the race relations division will have to address the new statutory provisions under its programs.

This will take, I believe, sensitive delineation and, at the same time, realization as to what other programs in other ministries impinge upon this area and where solutions can be addressed, whether jointly or severally. I think you have raised a very important question for which the commission itself, in addressing the new provisions of Bill 7, will have to sit down and debate and come up with some answers.

**Mr. Shymko:** In other words, you do admit there is—although I am trying to avoid the connection of dealing with community development—

**Mr. Brown:** Yes.

**Mr. Shymko:** —a perception or connotation that that division deals exclusively with visible minorities, which is unfortunate and creates a feeling of total indifference in the vast community at large—

**Mr. Brown:** Right.

**Mr. Shymko:** —that they are not affected by the mandate and the responsibility and the concerns of the commissioner and the division itself.

**Mr. Brown:** Right. As an extension of your observation, one cannot deal with minority groups alone in a wider society, because a lot of the programs and solutions would have to be addressed to the whole society. If we are going to talk about a better way of living for everyone, then you cannot compartmentalize in your delivery.

**Mr. Shymko:** This is why, in conclusion, Mr. Minister, I simply wanted to say I have always objected to this departmentalizing of humanity into visible and invisible minority-majority. What is visible is discrimination and once it is visible, in whatever the area, whatever the criteria, it has to be fought.

I am sure the KKK not only has had its campaigns of hatred against religious minorities, against ethnic minorities—and a hate monger, whoever hates or does not want to tolerate, does not make distinctions in that. From the point of view of fighting those trends, or those individuals, or groups, they try to divide people in their hate campaigns.

Because of that connotation, my recommendation, as a member of the committee, would be to perhaps review the term “race relations division” and look at the possibility of using the words “community relations,” to give it the real meaning of what the mandate is, as described both in this briefing book and in the bill.

**The Acting Chairman (Mr. Dean):** Does anyone else wish to respond to—

**Mr. Shymko:** I respect the political minority too.

**Mr. Mackenzie:** In the suggestions for a broader picture you are presenting to us, Mr.

Shymko, I think it has simply to be appropriate enough to first deal with the obvious discrimination suffered by all us Scottish people.

**The Acting Chairman:** That is a case of reverse discrimination on everyone else.

**Mr. Shymko:** The CBC closed down a Gaelic program in Cape Breton and that may be a case.

If there are no further questions, I thank you for giving me the opportunity of leaving the chair.

5:40 p.m.

**Mr. Dean:** It is a pleasure to have you back, except in disciplining us sometimes.

**Mr. Chairman:** As I mentioned, Dr. Ubale is not here and Dorothea Crittenden was not able to come.

**Mr. Kolyn:** On the subject of the budget for the Ontario Human Rights Commission, I see from looking at page 111, under 1980-81 actual, that there is quite a bit more money in the 1981-82 estimates. I rather got the impression from discussions we had earlier that there was no more money.

**Hon. Mr. Elgie:** The 1981-82 estimates were \$4,137,000. Yes, I see there was a significant increase in staffing.

**Mr. Kolyn:** That is right, just over \$1 million.

**Hon. Mr. Elgie:** Yes, there was a considerable increase.

**Mr. Kolyn:** It is a pretty good chunk.

**Mr. Armstrong:** There was a 20 per cent increase in staff between the two years, to begin with.

**Mr. Mackenzie:** The backlog is an obvious indication of why we need it.

**Mr. Kolyn:** That is why they are cleaning up the backlog.

Item 1 agreed to.

Vote 2407 agreed to.

**Mr. Chairman:** Thank you, Mr. Brown, Mr. Stratton and Mark Nakamura for addressing us today.

On vote 2408, labour relations board program; item 1, labour relations board:

**Hon. Mr. Elgie:** There is an elderly gentleman there with glasses and wearing a vest, Chairman George Adams. Would you care to come up? Please feel free to bring up anyone you want to have here with you, George.

Mr. Chairman, for those who do not know the members of the board, the chairman is George Adams, a quiet, soft-spoken, noninterventionist

chairman of the Ontario Labour Relations Board. His equally quiet and reticent alternate chairman is Kevin Burkett, and Don Aynsley is also from the board.

**Mr. Mackenzie:** Are you the gentlemen who ran out when we showed that Radio Shack film a year or two ago?

**Hon. Mr. Elgie:** It was the quality of the film, not the content.

**Mr. Chairman:** Any questions? Do you want to go first, Mr. Mackenzie?

**Mr. Mackenzie:** I only have one question, Mr. Chairman. I am not sure I am in the right vote.

**Mr. Chairman:** You are always at least in the ball park.

**Mr. Mackenzie:** I do not have much criticism of the board. At times there have been some damned good decisions that were long overdue. My criticism, such as it is, would be for that delay.

But the unfair representation vote that is sometimes ordered has been brought to my attention. I am not sure if it refers to section 60 or 68 of the act, but it has to do with a complaint over representation in a unit.

I have raised with a number of unions—not a backoff because there has to be that mechanism there—whether or not there should not be some procedure whereby the board can send an officer to make an assessment of whether the charges are relatively accurate, or whether there should be a vote before you are into the actual situation—in other words, a pre-assessment made of the actual situation. Beyond that point being raised with me, and rather seriously, I might say, I have no questions that I want to raise.

**Mr. Adams:** We have met with some of the trade union officials who have expressed the same concern and there have been a couple of situations where the complainant is going against the union for the fourth and fifth time. It was felt that the early involvement of an officer, before the union has even been consulted, is often all the complainant might need—an impartial assessment by our officer rather than bringing it quickly before the board, as we bring all applications forward.

**Mr. Mackenzie:** It is obviously an internal concern but it is one that has been raised. I do not think it has been raised to try to get out of the fact that these situations are there and have to be faced, but because—and I do not know if

that vexed term is accurate or not—it might ease the situation a bit if there was some method of having an officer take a quick look at it first.

**Mr. Adams:** The difficulty is to identify the cases in which that technique ought to be employed, unless you say all section 60s will be treated differently to the way we treat a trade union complaint against an employer, for example.

In those kinds of complaints time is of the essence and we insert an officer but against a fixed hearing date, and that officer works towards that hearing date. We find that the settlement effectiveness of the officer is enhanced by moving towards that date rather than having him go out to talk to the parties, thus building in a two-week delay, and then putting on a hearing.

As you know, we also have to deal with the Ombudsman. We find the cases that tend to go to the Ombudsman are the section 60 complainant, even after he has had a hearing with us. We have been reluctant to design a totally different system for simple, individual complainants as opposed to the trade unions or the companies. So we have not responded to this complaint of the trade unions except to say that in these limited numbers of cases where a complainant is going for the third or fourth time, and we can identify him, we have just recently been sending an officer to him first. We are simply going to track that to see what that experience is and if there is a falloff in the need for hearings.

If that happens, I think we can possibly reassess the section 60s generally, but our concern is explaining to the Ombudsman why we are treating individual complainants differently to the trade unions or the employers. For the same kind of complaint can be made by an employer about trade union complaints, which are expensive. The employers can point to the dismissal rate and say: "More of the cases are dismissed than not. Why don't you set up a procedure that allows an officer to go out first?" That builds an additional two or three weeks into the processing.

However, it is a concern which we acknowledge and it is something we are going to look at. Possibly we can design a system to deal with the minority of section 60 cases.

**Mr. Mackenzie:** The inference I got was that it was the minority they were concerned with. It was not a desire to get out of the provision but a desire to see if a problem that has apparently arisen in some cases cannot be looked at early.

**Hon. Mr. Elgie:** Roughly how many fair representation complaints do you have a year?

**Mr. Adams:** I think this year we are almost up to 100. There have been 90-odd complaints and it has been steadily increasing. The actual success rate is minute—one, two, three or four a year; that kind of thing.

**Mr. Mackenzie:** That is the only question I have.

5:50 p.m.

**Mr. Sweeney:** Mr. Minister, I get on my desk from time to time, and I am sure most members do, a publication put out by the Christian Labour Association of Canada. Each time there seems to be reference in that to what they consider to be unfair labour practices vis-a-vis them and other larger, better-known and better-funded unions.

Does that sort of contest between two different labour organizations come before you? Are their concerns legitimate? How are they dealt with or how can they be dealt with? They seem to come with a certain regularity and I wonder what happens to them.

**Mr. Adams:** Those kinds of disputes can come before us. One can have a jurisdictional dispute involving the Christian Labour Association of Canada, which tends to be a construction-based trade union. Although they organize in the nonconstruction field, they also organize in the construction industry, but not on a trade-by-trade basis. They organize anyone on a site, whether they are carpenters, labourers, plumbers or bricklayers.

**Hon. Mr. Elgie:** They do not distinguish by craft.

**Mr. Adams:** No, they do not distinguish by craft.

**Hon. Mr. Elgie:** They organize on the industrial basis.

**Mr. Adams:** As a result they can run into jurisdictional disputes with the conventional craft trade unions. That jurisdictional dispute can come before us and we have to decide in a particular case whose bargaining rights ought to prevail.

I think the CLAC complaint is a broader one; it is a trade union which is unaffiliated with the main trade union congress in this country.

In the construction industry there are a number of contractual rules negotiated with general contractors and other companies that are on site, which restrict the giving out of work to any employer other than one who deals with the conventional trade unions affiliated with the Canadian Labour Congress central bodies.



This tends to restrict the access of CLAC to work. That is their principal complaint. An employer who is organized by CLAC may be at a disadvantage because he is unable to bid on certain construction work where these rules prevail.

This is not a complaint unique to CLAC. There are other trade unions outside the main line labour bodies which experience the same problem. There is a bricklayers' local in Toronto which has the same kind of difficulty, and even the so-called Canadian trade unions which are not affiliated with the international trade unions or other trade unions that are members of the Canadian Labour Congress can run into the same kinds of problems in competition.

We do not have a spate of cases where this is an issue before us, but we get it from time to time. It tends to be in the jurisdictional dispute area, or to be a complaint about the application of the subcontracting clauses that limit access to the work sites.

**Mr. Sweeney:** Their argument seems to be they have organized legitimately within the law and they represent workers legitimately, but the structure of the system, as you say yourself, prohibits them from doing certain kinds of work.

I gather from what you are telling me that it is really outside your jurisdiction to make the changes that are necessary to give them the access they say they should have, that that is part of a broader negotiation process over which you have no control.

**Mr. Adams:** We have held that those subcontracting clauses that are negotiated by the craft trade unions are lawful and that therefore the restrictions or the impediments to that type of work are proper. We have held that to be so.

There are a number of complex but related legal points that have yet to be dealt with. There is the possibility of the CLAC trade union bringing a matter into the courts and, on any number of legal theories, attacking the legality of these subcontracting restrictions. It is unclear at this point what the courts would do. So there is an avenue of redress for CLAC in the courts, but not before us.

It seems to me it is a complicated labour relations policy question—whether you want to intervene legislatively, for example, and provide access.

**Mr. Armstrong:** As a point of clarification,

you said you held they were lawful. Actually, you have held they are not contrary to our Labour Relations Act.

**Mr. Adams:** Yes, that is right.

**Mr. Sweeney:** I gather what you are saying is that the legality you have thus far upheld has not yet been tested in the courts. You seem to be suggesting that is a route they could follow if they chose to.

**Mr. Adams:** That is right, it is.

**Mr. Sweeney:** But it has not been done yet.

**Mr. Adams:** It has not been done yet.

**Mr. Sweeney:** Can I come back full circle to what we were discussing just a few minutes ago under so-called discrimination? I gather they also feel there is a discriminatory aspect to this whole thing. I understand the parameters under which it happens but it still seems to be there.

Would they have access in any other way? Can they claim discrimination in any way under present legislation? You seem to be saying no.

**Mr. Adams:** They cannot before us. They could bring an action in the courts and try to set aside these clauses on a theory of unlawfulness that essentially relates to the combines investigation legislation—that there is an element of restriction of trade to them. The courts then would be faced with an important conflict between commercial combines policy and labour relations policy that has permitted these types of restrictions to be negotiated within collective agreements. To me it is a very complex issue.

**Mr. Sweeney:** I am trying to understand the issue. On the one hand I understand maybe why some of the restrictions are in there but on the other hand it does seem to be a restriction of trade in the labour movement as opposed to the commercial movement. Why do you justify one and not the other?

**Hon. Mr. Elgie:** It is just an incredibly difficult topic but it starts with the way they organize. It is on an industrial basis, including all of what we would consider crafts in the North American context.

The trades here organize on craft lines: carpenters, bricklayers, plumbers, pipefitters and so forth. So CLAC may have any number of those people doing those things within their one single union. When they organize an employer, for example, they in their own way have their

own type of subcontracting clauses with that employer, which restricts entry of others under those clauses.

**Mr. Chairman:** Mr. Sweeney, we have two more people who want to ask questions.

**Mr. Sweeney:** Yes, my question is essentially answered.

**Mr. Gillies:** Very quickly, Mr. Minister—and I am sure there is a fairly concise answer to this—what is the situation as we enter 1982 for a worker who, because of his own personal religious beliefs, does not feel he wants to be a member of a labour union? This may have been addressed when Bill 89 was introduced but I was not here. I just wondered what the situation is there.

**Hon. Mr. Elgie:** I cannot remember the exact situation. Perhaps you can describe the section and your interpretation of it, Mr. Burkett.

**Mr. Sweeney:** There is a reference on page 108.

**6 p.m.**

**Mr. Burkett:** Simply put, section 47 of the act provides that where, because of his religious conviction or beliefs, an individual objects to joining a trade union or paying dues, where he is faced with a collective agreement that requires him as a condition of employment to pay dues, he can make application under that section for a hearing. If the board decides his beliefs are religious or genuinely held and they are the basis of his objection, the board will exempt him from the clause that is causing him concern.

**Mr. Gillies:** Just referring to the estimates book, 11 exemptions were granted in 1980.

**Mr. Burkett:** The exemption is permitted only during the operation of the first collective agreement which confronts the employee. After that time he is locked in. In other words, if he

does not object during the period of the first agreement he is left with having to pay union dues.

**Mr. Gillies:** Thank you, Mr. Chairman. I just wanted to mention that. I am sure it is a very rare instance indeed, but I do think it important in this day and age that we be conscious of people's beliefs in that regard.

**Mr. Kolyin:** Mr. Chairman, I am interested in the composition of the labour relations board. I was wondering whether I could get a list of the people who are on the board for my own use later on?

**Mr. Adams:** Here is an annual report which has it. You can have this one.

**Mr. Chairman:** Do committee members have copies of this report? I am sure you do.

**Mr. Kolyin:** I would just like to conclude by saying I really found your briefing book very well done. I found it very easy to follow, a lot better than most. I think your staff should be commended for it.

**Mr. Chairman:** If this is the time for compliments, any more compliments to the minister?

It being a minute after six I would like to ask you whether we should conclude now.

Item 1 agreed to.

Vote 2408 agreed to.

**Mr. Chairman:** This completes the estimates of the Ministry of Labour.

I would like to thank both the minister and his staff for the efficiency with which they have answered some of the questions on this committee.

The committee moved to other business at 6:03 p.m.

The committee adjourned at 6:06 p.m.

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 Armstrong, T. E., Deputy Minister  
 Brown, G. A., Executive Director, Ontario Human Rights Commission  
 Burkett, K., Alternate Chairman, Ontario Labour Relations Board  
 Joyce, R. D., Special Adviser to the Minister, Plant Closure Review and Employment Adjustment Branch  
 Mustard, Dr. J. F., Chairman, Advisory Council on Occupational Health and Occupational Safety  
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 Stratton, J., Director, Conciliation and Complaints, Ontario Human Rights Commission  
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